

Settlement Agent Form

Terms and expressions used in this Form shall have the meaning given to them in the Request of Services, General Condition Part I and Part II ("**Membership Agreement**") and Euronext Clearing Rules and Instructions (jointly the "**Regulations**").

The Settlement Agent

Name/Corporate name

Registered office in (Country).....

Address

having taken note of the Euronext Clearing Instructions and, in particular, of the possibility of countersigning or not the Membership Form in the event of appointment by a Clearing Member declares, with reference to any mandate given by the Clearing Member(s) through the aforementioned Membership Form and in relation to contracts entered into the Euronext Clearing system, that *[please tick the appropriate box]*

☐ it **does always** wish to countersign it

☐ it **does not** wish to countersign it

Place and date:

(Signature of the Legal Representative of the **Settlement Agent**)

This Form must be digitally signed and returned to the Euronext Clearing Membership & Onboarding Department at the following address: ccp-membership@euronext.com

In case of changes of the information contained in this document or in case of changes of the intention to sign the Membership Form, the document must be resubmitted to Euronext Clearing.