

CDSClear – Collateral movement (SPPA Pledge-EB)								
Clearing Memb	er							
Legal entity					Me	mber code		
Contact Name						·		
Email					Phor	ie		
House Pledged Euroclear Bank account number of LCH SA			Linked to the		roclear Bank account number the Clearing Member			
	ed Euroclear Bank account er of LCH SA		Linked to the		ar Bank ac learing Me	count number mber		
Deposit			With	drawal				
With cash return (available cash EUR)				With cash deposit (cash EUR corresponding to the value of the deposit will be called)				
Ticker code (OAT, BUND, BTP,)								
ISIN Code								
Nominal amount deposited (Currencies) / Units								
Emission rate								
Maturity date								
Trade date								
Settlement date								
Account from/to which Securities will be transferred (if relevant) Clearstream Bank Frankfurt account number OR Clearstream Bank Luxembourg account number OR (Bank/Custodian Name and Routing number ABA and Description Fed (US Bank only)								
Collateral account code Nominal Amount / Units Collateral a			ral accou	ınt code	Nominal Amo	unt / Units		

- Pursuant to the CDS Clearing Rule Book and Procedure 3, LCH SA does not allow assets posted to cover clients' positions to be transferred to cover house positions. If needed, the Clearing Member must provide LCH SA with a relevant document authorizing such withdrawal then deposit.
- This form must be sent before 16.00 CET on D-1 to be taken into account in D, D being the effective date.

Settlement of the Securities	Deposit taken into account at
On D, before 10.30 CET	On D, from 11:00 CET
On D, between 10.30 CET and 11.45 CET	On D, from 12:00 CET
On D, between 11.45 CET and 14.45CET	On D, from 15:00 CET
On D, after 15.00 CET	On D+1, from 8:00 CET

 <u>Disclaimer</u>: Any tax levied of the processed transaction will be fully recharged by LCH SA to the member at the CCP earliest convenience. Upon request, LCH SA will provide the member with all relevant information refund of the levied tax, should any opportunity of reclaim exist.

Signature		Instructions
Authorised Signatory (1): Name: Title: Date:	Signature	Please send a scanned signed copy to Collateral.Ops.FR@lch.com Phone number: +33 1 70 37 65 35
Authorised Signatory (2) If (1) is not authorised to sign alone Name: Title: Date:	Signature	Version 07/12/2018