

Collateral Custodial Segregated Account Affirmation Form

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To be read in conjunction with the Rulebook: http://www.lch.com/rules-regulations/rulebooks/ltd; the Collateral Management System Access Agreement; the LCH Client Charge; the LCH Collateral Management Agreement; and the Euroclear Bank Collateral Service Agreement (as amended).

This form is be be completed by LCH and sent to the Clearing Member for selection of the appliable option and signing. Please return to collateral.clientservices@lch.com

Reference (to be completed LCH)		
Instruction Reference:		
Clearing Member Account Identification (to be completed LCH)		
Clearing Member (full name):		
Mnemonic: _ _ _ Sub Account: _ _ _ Client ID:		
Instruction Details (to be completed LCH)		
Giver Account: _ _ _ _		
Taker Account: _ _ _ _		
Eligibility Set ID :		
Transaction Reference:		
Transaction Currency: GBP / USD / EUR		
Transaction Amount:		
Execution Date: / /		
Affirmation (to be completed by the Clearing Member)		
We confirm that we (please circle the action you wish to take):		
Affirm the triparty transact	tion	Do not affirm the triparty
amount speicified above un	der Or	transaction amount specified above
"Transaction Amount"		under "Transaction Amount"
Clearing Member Authorised signature(s)		
1		
(Signature)	(Print Name)	(Position)
2		
(Signature)	(Print Name)	(Position)
The signature(s) here will be checked against the authorised signatory list held by LCH for the Member. Please provide evidence of signing authority for the Authorised Signatory, including specimen signature if not already provided to LCH.		