

Name of PPS Bank Relationship Manager:	
Contact Details (telephone & email):	
Name of PPS Bank:	
SWIFT BIC of PPS Bank:	
LCH Limited MNEMONIC(S):	

LCH LIMITED

I / We authorise you, until further notice in writing, to debit my/our account(s) with unspecified amounts from time to time at the instance of LCH Limited without further reference to me / us.

In acting on this Mandate, you may rely, without qualification, upon the information provided to you by LCH Limited in whatsoever form this information is submitted to you.

HOUSE ACCOUNT	
CURRENCY	ACCOUNT NUMBER
AUD	
CAD	
CHF	
CZK	
DKK	
EUR	
GBP	
HKD	
HUF	
JPY	
MXN	
NOK	
NZD	
PLN	
SEK	
SGD	
TRY	
USD	
ZAR	

CLIENT ACCOUNT	
CURRENCY	ACCOUNT NUMBER
AUD	
CAD	
CHF	
CZK	
DKK	
EUR	
GBP	
HKD	
HUF	
JPY	
MXN	
NOK	
NZD	
PLN	
SEK	
SGD	
TRY	
USD	
ZAR	

For and on behalf of:

Name of Clearing Member: _____

Signature of Director: _____

Print Name: _____ Date: _____

Notes:

A separate Mandate must be completed and delivered to LCH Limited for each different PPS bank.

Twenty days notice must be given to LCH Limited in writing in respect of any change of bank account name or bank account number and a fresh Mandate provided.

When completed and signed, this original form should be sent to your Relationship Manager at the above-mentioned Bank and a copy issued to: Collateral Operations, LCH Limited, 3rd Floor, Aldgate House, 33 Aldgate High Street, London EC3N 1EA Email: collateral.clientservices@lch.com Telephone: 020 7426 7505 Fax: 020 7426 7037