

STATEMENT OF AUTHORITY FOR SIGMA X MTF **SPAIN**

We, (the Clearing Participant), hereby	Name					
inform you that the Trading Participant,	م ما ما ما ما م	:c				
indicated under "full name and address of	JI					
the Trading Participant" is authorised, to conclude in our name trades in all securi	(111/	City Post Code				
traded in the Spanish home market:	Countr	Ту				
Netting accross all platforms (Aquis Exc Services, NYSE ARCA, Sigma X MTF, Euro	hange, Cboe Eu next Block, Turc	rope Equities, quoise and UBS	Getco Executio MTF) :	n YES	□ NO *	
* An additional column in the spreadsheet should be additional column must remain blank but if no netti					latforms is required, the	
These trades, when concluded, will be be Rules.	oinding on us in	accordance w	ith the Clearing	Participant Agree	ment and the Clearing	
This authorisation comes into force on (date):					
This authorisation is limited to Trades cauthority granted by this Statement of a immediate effect.		_			- '	
Notwithstanding the above, we hereby confirm to EuroCCP that they may rely on this Statement of Authority until its suspension or termination will have been confirmed by EuroCCP in accordance with chapter 5.2.2 of the Clearing Rule Book.						
Level of netting requested for Trades in Spanish securities and registered in the House account:						
☐ Directional Netting		or	Full Netting	g (excluding strang	e nets)	
Default Registration Name (BIC or COD	number)					
We accept that securities will be delivered or received in the default Registration Name specified above in case no, incomplete or incorrect additional registration information is provided to EuroCCP, or if the information is provided after the deadline as specified in the Regulation Settlement. We accept all consequences of incomplete or incorrect registration information and all consequences of the delivery of such information after the deadline as specified in the Regulation Settlement or not in accordance with the delivery details as specified in the Regulation Settlement.						
	Trading Parti	cipantName				
Full name and address of the <u>Trading</u> <u>Participant</u> :	Address					
	City			Post Code		
	Country					



BIC of Trading Participant:	BIC of Clearing Participant:

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Date and place of signing by Clearing Participant:	
Date:	
Place:	
Authorised signature(s) Clearing Participant.	

Date a	nd place of signing for receipt by EuroCCP:
Date:	
Place:	
Author	ised signature(s) EuroCCP.

