

STATEMENT OF AUTHORITY FOR OTC TRANSACTIONS TRAIANA

We, (the <u>Clearing Participant</u>), hereby authorise the Trading Participant, as indicated under "full name and address of the Trading Participant", to conclude in our name trades in all securities in the Regulation Securities, which will be binding on us in accordance with the Clearing Participant Agreement and the Clearing Rules.		Clearing Participant Name				
		Address				
		City Post Code			ode	
		Country				
Austria	Finland	☐ IDR's		Norway		Spain (pleasecomplete special SoA
Belgium	France	Italy		Pola	nd	Switzerland
Czech Republic	Germany	Clearstream International		Port	ugal	United Kingdom
☐ Denmark	Hungary	Netherlands		Sweden		
This authorisation comes into force on (date):						
This authorisation is limited to Trades concluded with the Trading BIC as mentioned under "BIC of Trading Participant". The authority granted by this Statement of Authority may be suspended or terminated by notice to the Trading Participant with 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.						
Full name and address of the <u>Trading</u>		ding ParticipantName				
Participant:	Addre	ess				
	City		Post Code			
	Count	ry				
BIC of Trading Participant:				BIC of Clearing Participant:		
Date and place of signing	ant:		Date and place of signing for receipt by EuroCCP:			
Date:		Date:				
Place:			Place:			
Authorized signature/s) Clearing Portisinant						
Authorised signature(s) Clearing Participant.			Authorised signature(s) EuroCCP.			