

# Electronic Invoice Distribution

We, the undersigned, representing

**Note:** Form must be filled out typed and not by hand.

Registered Company name (in full)

Name of branch<sup>1</sup>

Legal address<sup>2</sup>

City<sup>2</sup> Post code<sup>2</sup> Country<sup>2</sup>

Main account number **OR** VAT number<sup>3</sup>

request Clearstream Banking S.A. ("CBL") to designate the following accounts previously opened or currently being opened in our name for the Electronic Invoice Distribution service. The service should be eligible for

- All existing and future accounts of the Company at CBL; or
- The following account numbers of the Company at CBL.

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(the "Account(s)")

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from CBL. With the subscription to the Electronic Invoice Distribution service, paper invoices will no longer be sent.

The Company needs to ensure that the relevant email address is up to date at all times and that emails are received and will set up relevant processes to ensure settlement of the relevant invoices received by the Company on such email account when due. The Company will give at least 15 days prior notice to CBL if the announced email address changes or becomes void.

1. If you do not wish to apply for Electronic Invoice Distribution for all branches of your institution, please indicate only your branch (maximum one per application form). To subscribe to Electronic Invoice Distribution only for accounts of the registered company itself and not for any branch, please enter the name of the registered company here. Please consider that Vestima Participant ID(s) must be listed in the designated 'Account(s)' field(s), if you apply for a branch otherwise your application won't be considered for Vestima Participant ID(s) under a specific branch.  
 2. Please complete the legal address, city, post code and country of the entity that is the account(s) holder.  
 3. Non-European customers who have no VAT number or main account number assigned yet, please enter the local registration number and provide proof of this number (that is, an extract from the company register).

### Email recipient (invoice recipient) for Electronic Invoice Distribution<sup>4</sup>

- We request to receive the invoice via email as PDF attachment to the following email address:

\_\_\_\_\_  
Email address of the invoice recipient (one email address only)

### Internet access to the Billing Portal<sup>5</sup> (optional)

- We certify to have access to the Billing Portal.

\_\_\_\_\_  
Email address of the central coordinator

Or

- We complete and return the attached Billing Portal application form.

### Authorised signature(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Place

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

#### Please return the completed form to:

Clearstream Banking S.A.  
Attn: Client Data Management (CDZ)  
L-2967 Luxembourg

4. Please provide only one email address in the field "Email address of the invoice recipient".

5. The invoice copies are available in the Billing Portal. In order to get access to the Billing Portal please complete and return the related subscription form (Application form for access to Billing Portal of Deutsche Börse AG).