

Power of Attorney

-Shareholder Identification Disclosures-

Attention: Clearstream Europe AG ("CEU")

This power of attorney ("Power of Attorney") will become effective from *[insert date]* _____
[Insert name of the company that is giving the Power of Attorney]

("the Company") whose registered office is at *[insert address details]*

Registered address: _____

City: _____ Post code: _____ Country: _____

hereby appoints *[Insert name of company]*, _____
as its attorney (the "Attorney") whose registered office is at *[insert address details]*:

Registered address: _____

City: _____ Post code: _____ Country: _____

with Swift BIC11 address: _____ DN: _____

for the following account numbers of the Company at CEU

- ☐ all existing CASCADE 4-digit master accounts of the Company at CEU at the date hereof (please complete the Annex accordingly).
- ☐ the following CASCADE 4-digit master account numbers at the date hereof as listed in the Annex (please complete the Annex accordingly).
- ☐ all existing 6-series (Creation) account numbers of the Company at CEU at the date hereof.
- ☐ the following 6-series (Creation) account numbers at the date hereof as listed in the Annex (please complete the Annex accordingly).

(for the use of this Power of Attorney, hereinafter referred to as the "Accounts") to:

- receive, in the name and on behalf of the Company, via the Attorney's own SWIFT address as notified to CEU by the Company, any shareholder identification disclosure requests (seev.045) and shareholder identification disclosure request cancellation advices (seev.046).

Contact details

With regard to this service, please indicate the main contact person at the Attorney:

Name: _____

Department: _____

Address: _____

City: _____ Post code: _____ Country: _____

Telephone 1: _____ Telephone 2: _____

Fax: _____ Email: _____

Please indicate the secondary contact person at the Attorney:

Name: _____

Department: _____

Address: _____

City: _____ Post code: _____ Country: _____

Telephone 1: _____ Telephone 2: _____

Fax: _____ Email: _____

Means of communication to be used in case of Swift unavailability

For contingency purposes, please indicate the preferred means of communication and associated details to be used to contact the Attorney

☐ Email address: _____

☐ Telephone number: _____

The Company hereby agrees that it shall be fully liable to CEU for any and all obligations created on its behalf pursuant to the authority or purported authority of this power of attorney and undertakes to ratify whatever the Attorney causes to be done under the authority or purported authority of this power of attorney.

Each of the Company and the Attorney hereby agree that CEU shall not be held liable for any action or omission whatsoever, whether taken or omitted to be taken, erroneously or not, by the Company or the Attorney.

The Company and the Attorney hereby agree to hold harmless and not make any claim against CEU for any loss, claim, liability, damage, cost or any expense whatsoever due to the disclosure to the Attorney of all or any part of information related to the Account.

The Company and the Attorney hereby agree that this power of attorney may not be amended by neither the Company, nor the Attorney. Any modification of the Attorney name, registered address, Swift address or contact details shall be submitted to CEU through a new power of attorney, duly signed the Company and the Attorney.

This power of attorney shall remain valid until notice of termination is received by CEU by registered letter. Any such termination shall take effect on the second business day in Frankfurt am Main, Germany after receipt of the notice by CEU or such other later date specified in the notice accordingly.

This power of attorney is governed by and shall be construed in accordance with the laws of the Federal Republic of Germany.

For and on behalf of the Company,

Done in:	_____	On:	_____
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
Title:	_____	Title:	_____

The Attorney hereby certifies that it accepts this Power of Attorney and all obligations and responsibilities provided in this Power of Attorney. The Attorney also certifies that it has received the Terms and Conditions of Clearstream Europe AG and agrees to be bound by these Terms and Conditions.

For and on behalf of the Attorney,

Done in:	_____	On:	_____
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
Title:	_____	Title:	_____

Annex to Shareholder Identification Power of Attorney

List of account numbers

1. CASCADE 4-digit master account numbers

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. 6-series (Creation) accounts

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____