clearstream

Vestima Reporting Application Form for Report Receiver

Reporting Application	Form	
This Vestima Reporting Application Form (hereafter "RAF") is entere		
	u mu between.	
who operates as Report Receiver (hereafter "RR");		
and Clearstream Fund Centre S.A., a <i>société anonyme</i> incorporated under the laws of the Grand Duchy of Luxembourg, having its registered office at 42 Avenue J.F. Kennedy, L-1855 Luxembourg and registered with the Trade and Companies Register of Luxembourg under number B261691, who operates as Market Infrastructure Provider (hereafter "MIP"); individually referred to as a "Party" and together "the Parties".		
Date		
The purpose of this RAF is to define New RR Am	nendment to the RAF dated	
Vestine perticipent of	•	
Vestima participant se		
The RR requests the MIP to set-up the following Vestima participant	-	
Participant id 1	(assigned by the MIP)	
Function/funds covered		
Participant id 2	(assigned by the MIP)	
Function/funds covered		
Master participant ¹ id	(assigned by the MIP)	
MIP internal reference	(assigned by the MIP)	

¹ This simplifies on-line access to multiple Vestima participants, and requires special arrangement with the MIP.

	<u>File Transfer</u>
Type of File Transfer installation	
New installation, information from the File Transfer application form ²	
Company name	
Date of signature	
Existing installation	
File Transfer user	id (ou or DN)
Variant vi	a Internet
vi	a SwiftNet FileAct

CFS Portal access via internet browser

Type of Internet browser log-in

CFS Portal common access ³

New installation, information from the CFS Portal application form²

Company name

Date of signature

Existing installation

Existing Organisational Unit (OU)

² For new installations of CFS Portal and/or File Transfer, application forms are available on the MIP's website.

³ Please provide name and address of the CFS Portal Initial Administrators in the technology contacts section.

	<u>Report</u>	ting	
Vestima participant id for reports			(assigned by the MIP)
Report direct to appointed fund agent	Yes	No ⁴	
Preferred method of retrieval	Browser	File Transfer ⁵	
Swift address (BIC) for transparency of transa	ctions report ⁶		
Include CBF accounts in reporting	Yes ⁷	No	
Report request(s), please note that some of th	e following ser	vices are specified	in the MIP's fee schedule.
Transparency of holdings ⁸ for instituti	on (Dep/TA)		(assigned by the MIP)
Version	XML	Express (CSV)	
To be generated on the	5 th	10 th	last business day(s) each month
Transparency of transactions ⁹ , select	one or more tra	ansaction types	
Secondary market			
Primary market, transactions	settled against	t the FIA	
Corporate actions related			
Fund management reporting service (FMRS) ¹⁰ , with d	laily and monthly f	requencies and daily granularity
Standard package:			
- Statement of holdings inc	luding Zero Po	sition	
- Statement of transactions	s including Eur	oclear Bank accou	nts
Statement of holdings			
Statement of transactions			
Statement of orders			
Other subscription options as	specified in att	ached documentat	ion

⁴ When selecting No, an officially appointed agent shall provide a Power of Attorney. Not relevant to the published fund list.

⁵ Report retrieval using File Transfer is offered as a supplement and browser retrieval is always possible.

⁶ The alternative retrieval method is File Transfer.

⁸ Transparency of holdings reports may include information supplied by the MIP's clients and/or other third parties ("Subaccount Information"). The MIP shall ensure that any Subaccount Information is accurately reproduced. The MIP is otherwise not responsible for any Subaccount Information.

⁹ Requires CFF documentation.

¹⁰ Requires either CFF documentation or FMRS contract.

Billing	
The RR authorises the MIP to collect fees and charges by debiting the following account held at the MIP	
Account number	
Account owner ¹¹	
VAT number	
Billing address	
Company	
Name	
Address 1	
Address 2	
Telephone	
Use of the MIP's billing portal Yes No	
Printing and mailing of invoices: the RR is informed that the printing and mailing of invoices will be outsourced by the MIP. The RR hereby gives power of attorney to the service provider appointed by the MIP to collect from the MIP the number of instructions and all other information that is needed for the invoicing, together with our name, address a account number. This power of attorney is granted for the duration of the contractual relationship.	

RR operational contacts

First opera	ational contact for day-to-day operations, enquiries on individual reports
Co	ompany, if not RR
Na	ame
Te	lephone
Em	nail
Second ope	erational contact for day-to-day operations, enquiries on individual reports
Co	ompany, if not RR
Na	ame
Te	lephone
Em	nail
Operationa	al management, first-level escalation
Co	ompany, if not RR
Na	ame
Te	lephone
En	nail

 $^{^{11}}$ Please provide a Power of Attorney if the RR is not the owner of the account.

RR technology contacts ¹³	
Business contact person	
Name	
Title	
Email	
echnical contact person	
Name	
Title	
Email	
CFS Portal Initial Administrator (1)	
Name	
Telephone	
Email	
CFS Portal Initial Administrator (2)	
Company, if not RR	
Name	
Telephone	
Email	

	RR management contacts
Relationship management	
Company, if not RR	
Name	
Telephone	
Email	
Project management	
Company, if not RR	
Name	
Telephone	
Email	

¹³ For information only. Please refer to the CFS Portal application form and to the File Transfer via Internet application form.

<u></u>	R authorised signatures ¹²
Signed for and on behalf of the RR.	
Place	Date
Authorised signature	Authorised signature
Name	Name
Title	Title

 $^{^{\}rm 12}$ One authorised signature is required; two can be used as per the RR's own corporate policies.