

## **Collateral Transfer Form**

LCH		
To be read in conjunction with the Ruleb	ook: https://www.lch.com/resourc	es/rulebooks/lch-limited; and the Collateral Management
System Access Agreement		
Please complete the form and return to collateral.clientservices@lch.com		
Reference		
Member Instruction Reference:		
Clearing Member Account Ide	ntification	
Clearing Member (full name):		
From	Mnemonic:  _ _ _	Sub Account:  _ _ _
То	Mnemonic:  _ _ _	Sub Account:  _ _ _ _
Collateral		
Collateral Type (delete as appropriate	te): CASH / SECURITIES	
CCY/ISIN:		
Amount:		
Value / Settlement Date: / .	1	
Clearing Member Authorised s	ignature(s)	
1		
(Signature)	(Print Name)	(Position)
2		
(Signature)	(Print Name)	(Position)
The signature(s) here will be ch	ecked against the authorised sig	natory list held by LCH for the Member. Please provide

evidence of signing authority for the Authorised Signatory, including specimen signature if not already provided to LCH.