

**CDSClear – Collateral movement (Full Title Transfer-ESES France)**

**Clearing Member**

Legal entity		Member code	
Contact Name			
Email		Phone	

<b>House</b>	EUROCLEAR France BIC parent	SICVFRPPXXX	Affiliated	340	<input type="checkbox"/>
	BIC direct participant	BACFRPPTG2	Member	00001	
	ESES SAC	SICVBACFRPPTG2000L10			
<b>Client</b>	EUROCLEAR France BIC parent	SICVFRPPXXX	Affiliated	335	<input type="checkbox"/>
	BIC direct participant	BACFRPPCLI	Member	00001	
	ESES SAC	SICVBACFRPPTG2000L10			

<b>Deposit</b>	<input type="checkbox"/>	<b>Withdrawal</b>	<input type="checkbox"/>
<b>With cash return</b> (available cash EUR)	<input type="checkbox"/>	<b>With cash deposit</b> (cash EUR corresponding to the value of the deposit will be called)	<input type="checkbox"/>

Ticker code (OAT, BUND, BTP, BTF, ...)	
ISIN Code	
Nominal amount deposited (Currencies) / Units	
Emission rate	
Maturity date	
Trade date	
Settlement date	

**Account from/to which Securities will be transferred**

ESES SAC		Affiliated		Member	
----------	--	------------	--	--------	--

Collateral account code	Nominal Amount / Units	Collateral account code	Nominal Amount / Units

- Pursuant to the CDS Clearing Rule Book and Procedure 3, LCH SA does not allow assets posted to cover clients' positions to be transferred to cover house positions. If needed, the Clearing Member must provide LCH SA with a relevant document authorizing such withdrawal then deposit.
- This form must be sent before 16.00 CET on D-1 to be taken into account in D, D being the effective date.

<b>Settlement of the Securities</b>	Deposit taken into account at
On D, before 10.30 CET	On D, from 11:00 CET
On D, between 10.30 CET and 11.45 CET	On D, from 12:00 CET
On D, between 11.45 CET and 14.45CET	On D, from 15:00 CET
On D, after 15.00 CET	On D+1, from 8:00 CET

- Disclaimer:** Any tax levied of the processed transaction will be fully recharged by LCH SA to the member at the CCP earliest convenience. Upon request, LCH SA will provide the member with all relevant information refund of the levied tax, should any opportunity of reclaim exist.

**Signature**

**Authorised Signatory (1):**

Name :  
Title :  
Date :

Signature

**Authorised Signatory (2)**

*If (1) is not authorised to sign alone*

Name :  
Title :  
Date :

Signature

**Instructions**

Please send a scanned signed copy to  
[Collateral.Ops.FR@lch.com](mailto:Collateral.Ops.FR@lch.com)  
Phone number : +33 1 70 37 65 35