

CMS Form Collateral movement

SPPA Pledge – Euroclear bank

Legal entity	Meml	mber code	
Contact name			
Email	Phone	one	

Deposit		Withdrawal	
With cash return (available cash EUR)		Withdrawar	
Ticker code (OAT, BUND, BTP, BTF,)			
ISIN Code			
Nominal amount (Currencies) / Units			
Emission rate			
Maturity date			
Trade date			
Settlement date			
Account from/to which Securities will be transferred Euroclear bank account number			
(<u>if relevant</u>) Clearstream Bank Frankfurt account number OR Clearstream Bank Luxembourg account number OR (Bank/Custodian Name and Routing number ABA and Description Fed (US Bank only)			

Euroclear bank SPPA Pledge						
LCH SA pledged account number			Linked to th	ie	Clearing member's account number	
Collateral accour	nt code	Nominal Amo	ount	Colla	teral account code	Nominal Amount

Signatures			
Authorised Signatory (1):	Signature:	Authorised Signatory (2):	Signature:
Name:		Name:	
Title:		Title:	
Date:		Date:	

• This form must be sent before 16.00 CET on D-1 to be taken into account on D, D being the effective date.

Settlement of the securities	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 14:45 CET	On D, from 15:00 CET
On D, after 14:45 CET	On D+1, from 8:00 CET