



CMS Form Collateral movement

Repoclear/DigitalAssetClear/CDSClear

Full Title Transfer – Clearstream bank Luxembourg

Legal entity		Member code	
Contact name			
Email		Phone	

Deposit	<input type="checkbox"/>	Withdrawal	<input type="checkbox"/>
With cash return (available cash EUR)	<input type="checkbox"/>		
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			
(if relevant) 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)			

House and Clients	Beneficiary bank	Clearstream bank Lux.
	Beneficiary bank BIC	CEDELULLXXX
	Beneficiary account	32206
	Beneficiary BIC	BACPPRPPXXX

Collateral account code	Nominal Amount	Collateral 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