

Form Disclosure Requests

To OeKB CSD
Relationship Management Issuers
Strauchgasse 3
1010 Vienna
Austria

The following entity is the Authorized Information Provider for providing Information regarding Disclosure

Requests of _____ to OeKB CSD as Issuer CSD for _____:

1. Name of Legal Entity:

2. SWIFT ISO 20022 Distinguished Name:

3. Legal Entity Identifier (LEI):

4. Contact at Information Provider for OeKB CSD:

4.1 First name and surname:

4.2 E-Mail:

4.3 Phone:

Place, Date

Place, Date

Authorized Signature

Authorized Signature

Name in Capital Letters

Name in Capital Letters

E-mail, Phone

E-mail, Phone