

Annex 10 to the GTC of OeKB CSD Authorization Information Provider

As a proof for the authorization of an Information Provider for submitting information to OeKB CSD required for the safekeeping and administration with regard to General Meetings and Disclosure Requests (according to section 2.6, GTC of OeKB CSD) the following forms have to be completed, duly signed by the issuer and returned by mail to OeKB CSD:

Form General Meetings
Form Disclosure Requests

Form General Meetings

Strauchgasse 3, 1010 Vienna, Austria
Phone +43 1 531 27-2100
Fax +43 1 531 27-4100
csd@oekb-csd.at
www.oekb-csd.at

To OeKB CSD
Relationship Management Issuers
Strauchgasse 3
1011 Vienna
Austria

Company Register No. FN 428085m,
Commercial Court Vienna
Registered Office: 1010 Vienna,
Strauchgasse 1-3, Austria
VAT-ID No. ATU69303158,
Data Processing Register No. 4014540
BIC OCSDATWWXXX

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

Meetings 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

Strauchgasse 3, 1010 Vienna, Austria
Phone +43 1 531 27-2100
Fax +43 1 531 27-4100
csd@oekb-csd.at
www.oekb-csd.at

Company Register No. FN 428085m,
Commercial Court Vienna
Registered Office: 1010 Vienna,
Strauchgasse 1-3, Austria
VAT-ID No. ATU69303158,
Data Processing Register No. 4014540
BIC OCSDATWWXXX

Form Disclosure Requests

To OeKB CSD
Relationship Management Issuers
Strauchgasse 3
1011 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