

Sender:

Contact Person: _____

BP ID: _____

Clearing Member ID: _____

Company: _____

Address: _____

ZIP/Place: _____

Phone: _____

Email: _____

Date: _____

SIX x-clear Ltd
Brandschenkestrasse 47
CH-8002 Zurich

Please fax this form to:
+41 44 288 5551

Please send the original to:
SIX SIS Ltd
Customer Integration
P.O. Box 1758
CH-8021 Zurich

In case of questions, please call:
+41 44 288 4551

Confirmation of technical and operational readiness

(Requirement according to Clearing Terms)

Form 003 04/2010

Dear Madam, Dear Sir

We herewith confirm that our institution:

1. has successfully tested with you the CCP (central counterparty) services for the following trading venues:

_____	_____
_____	_____
_____	_____
_____	_____

2. was able to internally receive and correctly process the messages and reports transmitted by you;

3. was able to correctly instruct settlements to the place of settlement of the respective markets, where applicable;

4. has adjusted, within the required framework, its internal organization and trained its personnel accordingly.

On the basis of the successful tests we request you to admit us as an active clearing member (GCM or ICM) for the trading venues listed above.

Yours sincerely,

Name: _____

Name: _____

Signature: _____

Signature: _____