

Date

Member or former Member:

Entity name

(hereafter the “Member”)

with registered office address at:

Address

Town/City

Postcode

Country

VAT number

with company registered at:

Company Registry

Company Registration Number

with REGIS-TR S.A.:

Account type

☐ Reporting Participant

☐ Third Party Internal

☐ Third Party External

☐ Non-Reporting Entity

Account code

hereby requests access to the Registered Data.

This request is made in accordance with the provisions of clause 8 of the Reporting Participant Agreement or of the Non-Reporting Entity Agreement and/or the provisions of clause 9 of the Reporting Third Party Agreement

entered into between the Member and REGIS-TR S.A. on: _____

This request is made in accordance with the provisions of clause 8 of the Reporting Participant Agreement or of the Non-Reporting Entity Agreement and/or the provisions of clause 9 of the Reporting Third Party Agreement entered into between the Member and REGIS-TR S.A. on:
The Member agrees to the fees incurred from this request and shall proceed with its payment in accordance with the terms of the Fee schedule in force at the time of this application.

The Member represents and warrants that it has all rights and authorisations to validly request the access to the Registered Data referred to above.

If the relationship with REGIS-TR S.A. was terminated prior to the date of this request form, the Member agrees to provide REGIS-TR S.A. with an up-to-date official list of authorised signatures and a copy of a valid passport for each of the signatories to this form. In case the relationship has been terminated please provide the billing details below:

The Member requests access to:

- ☐ The attached contract IDs (please attach a list of contract IDs)
- ☐ Any Registered Data within the range of dates (subject to Article 15.5 of the General Terms and Conditions) From: _____ To: _____
- ☐ Registered Data under the LEI _____
- ☐ Other (please attach a description of your query) _____

Former Member entity name

Billing address

Billing contact/department

Town/City

Postcode

Country

The Member agrees that this form, in addition to a handwritten signature - in which case it shall be signed in duplicate and to a single effect - may be signed electronically by means of a valid electronic signature recognised by the applicable regulations, which they declare to be binding so that any requirement in this form to a document being "signed" shall be interpreted accordingly.

Authorised Signature

Name

Title

Date

Authorised Signature

Name

Title

Date

Form signed in wet ink shall be returned to:

REGIS-TR UK LTD

Account Administration

4th floor Exchequer Court

33 St Mary Axe

London EC3A 8AA

United Kingdom

or e-mail onboarding@regis-tr.com