

## T2S SAC-Link Form (DCP and ICP)

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Clearstream Banking AG  
Account Administration Frankfurt (OSM)  
D- 60485 Frankfurt am Main  
Germany

### Customer (account holder)

Company name

Contact person (first name and surname)

Telephone

Fax

Email

CBF Account Master number

Dear customers,

This form is required if you would like to setup a new or additional SAC-Link.

For changes to existing SAC-Links, two forms must be submitted, one to request a new link and to delete the existing link.

Please contact your Relationship Officer if you have any further questions.

Yours sincerely,

Clearstream Banking AG  
Account Administration Frankfurt (OSM)



**Authorised signature(s)**

of the account holder/authorised representative

_____ Signature	_____ Signature
_____ Name	_____ Name
_____ Title	_____ Title
_____ Place	_____ Place
_____ Date	_____ Date

**Confirmation of the external DCA Reference/of the external DCA by the DCA holder**

We agree that the cash clearing of all accounts of the aforementioned CBF Account Master number ( ) may be settled in the requested way via our DCA which is linked to the above CBF DCA reference.

**Authorised signature(s)**

_____ Signature	_____ Signature
_____ Name	_____ Name
_____ Title	_____ Title
_____ Place	_____ Place
_____ Date	_____ Date