

APPENDIX A • Operational Profile of the Participant

Date

Date

Full name of the Participant:

Full name of the Participant

Address:

Address

BIC code:

BIC code

Participant number

Participant number

Participant acting as:

Collateral taker

and/or

Collateral provider

In the event of being a collateral provider, select the reused assets before own assets:

Yes

No

Contact information

Contact 1 (Contracting)

Name:

Name

Telephone number:

Telephone number

Fax number:

Fax number

E-mail:

E-mail

Contact 2 (Settlement)

Name:

Name

Telephone number:

Telephone number

Fax number:

Fax number

E-mail:

E-mail

Contact 3 (Settlement)

Name

Telephone number

Fax number

E-mail

Contact 4 (CollPoint Administrator)

Name:

Name

Telephone number:

Telephone number

Fax number:

Fax number

E-mail:

E-mail

Contact 5 (CollPoint Administrator)

Name

Telephone number

Fax number

E-mail

Contact 6 (CollPoint Administrator)

Name:

Name

Telephone number:

Telephone number

Fax number:

Fax number

E-mail:

E-mail

Contact 7 (CollPoint Administrator)

Name

Telephone number

Fax number

E-mail

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Connectivity data

Options for sending instructions:

MT527 Yes No

CollPoint Yes No

Signed and agreed:

Authorised signature

Authorised signature

Name

Post

Date

Name

Post

Date

Please return the signed document to:
CollPoint@grupobme.es

You must send the original signed document by post to:

IBERCLEAR – CollPoint
Tramontana, 2 bis
28230-Las Rozas (MADRID)