

**AIX CSD LTD
SECURITIES EXTERNAL TRANSFER FORM**

NO. _____, DATE ____/____/____

TRANSFER INFORMATION

Participant Full Name

Type of Transfer

☐

Receiving

☐

Delivering

(tick the appropriate box)

Cash Transfer

☐

Free of payment

☐

Delivery versus
payment

(tick the appropriate box)

Trade Date

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

(DD/MM/YYYY)

Settlement Date

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

(DD/MM/YYYY)

Identification of Securities

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ISIN code)

**National Identification of
Securities
(if applicable)**

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(securities local code)

Quantity of Securities

**Price
(if applicable)**

**Amount
(if applicable)**

**Currency
(if applicable)**

Place of Settlement

(Full Name)

(SWIFT BIC, if applicable)

Securities Sender			
	(Full Name)		
	(Account Number)		
	(SWIFT BIC, if applicable)		
Securities Receiver			
	(Full Name)		
	(Account Number)		
	(SWIFT BIC, if applicable)		
Securities Agent (if applicable)			
	(Full Name)		
	(Account Number)		
	(SWIFT BIC)		
Additional Information (if applicable)			
Authorised Person		Authorised Person (Secondary if applicable)	
(First Name, Last Name)		(First Name, Last Name)	
(Position)		(Position)	
Signature, Stamp		Signature	