

CASH-SETTLEMENT FACILITATION FORM

| AIX CSD LTD CASH-SETTLEMENT FACILITATION FORM | |
|--|--|
| NO. _____, DATE ____/____/____ | |
| CURRENCY & AMOUNT REQUESTED | |
| SETTLEMENT DATE | |
| AIX CSD Participant Full Name | |
| Additional Information (if applicable) | |
| Authorised Person | Authorised Person (Secondary if applicable) |
| | |
| (First Name, Last Name) | (First Name, Last Name) |
| | |
| (Position) | (Position) |
| _____ Signature, Stamp | _____ Signature |

By signing this form, the AIX CSD Participant agrees to pay any service fees and late settlement penalties that the AIX CSD may charge.