AIX CSD Ltd.		
REDEMPTION REQUEST		
	NO, DA	ATE/
REDEMPTION INFORMATION		
Participant Full Name		
Beneficiary (in which favor the redemption is requested)		(Full name)
		(Account Number)
Country of the Beneficiary		(Account Number)
Location*		
Consumption Period Start		
Consumption Period End		
Identification of Environmental Instrument		
Volume of Environmental Instrument		
Redemption Purpose		
Additional Information (if applicable)		
Authorised Person		Authorised Person (Second signatory, if applicable)
(First Name, Last Name)		(First Name, Last Name)
(Position)		(Position)
Signature, Stamp		Signature, Stamp

<sup>\*</sup> Full legal address (including city, office, etc.) of the facility, which will be entitled to redeem Environmental Instruments.