AIX CSD Ltd.

INTERNAL ENVIRONMENTAL INSTRUMENTS TRANSFER FORM

NO. _____, DATE ___/___/_____

TRANSFER INFORMATION

Participant Full Name	
Environmental Instruments Sender	(Full name) (Account Number)
Environmental Instruments Receiver	(Full name) (Account Number)
Type of Transfer	☐ Receiving ☐ Delivering (tick the appropriate box)
Settlement Date	☐☐ / ☐☐ / ☐☐☐☐
Identification of Environmental Instrument	☐☐☐☐☐☐☐☐☐☐☐☐
Volume of Environmental Instruments	
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