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	☐ 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)	☐☐☐☐☐☐☐☐☐☐☐☐ (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)	
For Cancelation of the External Transfer Instruction	☐ Cancel Instruction (tick the box for cancelation of previously submitted Instruction)

Authorised Person	**Authorised Person (Secondary if applicable)**
(First Name, Last Name)	(First Name, Last Name)
(Position)	(Position)
_____ Signature, Stamp	_____ Signature