

AIX CSD LTD REGISTRY-CSD SECURITIES TRANSFER FORM	
NO. _____, DATE ____/____/____ (DD/MM/YYYY)	
TRANSFER INFORMATION	
Account Holder Name	
Securities Sender	
	(Full Name)
	(Account Number)
Securities Receiver	
	(Full Name)
	(Account Number)
Type of Transfer	☐ Receiving ☐ Delivering (tick the appropriate box)
Settlement Date	/ / (DD/MM/YYYY)
Security Identification Number	(ISIN code)
Security Quantity (sum in words)	
Additional Information (if needed)	
Authorised Person	Authorised Person (Second signatory, if applicable)
(First Name, Last Name)	(First Name, Last Name)
(Position)	(Position)
Signature, Stamp	Signature, Stamp