

AIX CSD LTD SECURITY INTEREST REPORT					
NO. _____, DATE ____ / ____ / ____					
AS OF ____ / ____ / ____					
Participant full name					
Account number					
Date	Purpose	Quantity of Admitted Product	ISIN	Counterparty	Additional information (if applicable)

Authorised Person

(First Name, Last Name)

(Position)

Signature, Stamp