



New MIC Guarantee Service – Membership Data Form

I. Member

Name		ABI Code
Address of Registered Office		
City	Postcode	Country

II. Place of Clearing

Replace existing order form

Address of place of Clearing		Telephone
City	Postcode	Country

III. Back Office Contact Persons

Supplements existing order form
 Replaces existing order form

Contact Person No. 1: Name and Surname	Email	Telephone
Contact Person No. 2: Name and Surname	Email	Telephone
Contact Person No. 3 (optional): Name and Surname	Email	Telephone
Contact Person No. 4 (optional): Name and Surname	Email	Telephone



IV. ICWS

- Supplements existing order form
 Replaces existing order form

ICWS Facilities
<p>A member of the New MIC Guarantee Service:</p> <ul style="list-style-type: none"> if already a Direct Clearing Member of the CC&G Central Counterparty Guarantee System, may access the ICWS facilities that it currently uses to view the reports of the New MIC Guarantee Service. Requests for further ICWS facilities or changes thereto are made through BIt Club; in all other cases, it must obtain at least two ICWS facilities by filling out this form.

ICWS User No. 1:

Name		Surname
Telephone	Fax	Email
Type of Document (1)	Document Number	Position Held
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence		

(1) Please include a photocopy of the document indicated with the membership documentation.

ICWS User No. 2:

Name		Surname
Telephone	Fax	Email
Type of Document (1)	Document Number	Position Held
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence		

(1) Please include a photocopy of the document indicated with the membership documentation.

ICWS User No. ... (optional):

Name		Surname
Telephone	Fax	Email
Type of Document (1)	Document Number	Position Held
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence		

(1) Please include a photocopy of the document indicated with the membership documentation.



ICWS User No. ... (optional):

Name		Surname
Telephone	Fax	Email
Type of Document (1)	Document Number	Position Held
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence		

(1) Please include a photocopy of the document indicated with the membership documentation.

ICWS User No. ... (optional):

Name		Surname
Telephone	Fax	Email
Type of Document (1)	Document Number	Position Held
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence		

(1) Please include a photocopy of the document indicated with the membership documentation.



V. Declaration following to Art. C.1.1.4 of New MIC Guarantee System Regulations – Close Links

With respect to membership of the Anonymous Guaranteed Section in Euro of the telematic market for the trading of multi currency deposits managed by e-MID SIM S.p.A. and to membership of the New MIC Guarantee System managed by Cassa di Compensazione e Garanzia S.p.A., the undersigned, in the capacity of legal representative of the company(from now on “the Company”), conscious of the consequent civil and criminal liability, following to Article C.1.1.4 of the New MIC Guarantee System Regulations (from now on the “Regulations”) hereby declares that the financial instruments pledged in compliance to Article C.1.1.1 of the Regulations are not issued by the Company or by companies in Close Links with the Company itself, as defined by the European Central Bank guideline of 31st August 2000 (BCE/2000/7) as amended and supplemented. The undersigned undertakes to promptly notify CC&G the eventual amendments to the aforementioned existing Close Links with the Company, with respect to the financial instruments already under pledge. The undersigned also undertakes to provide all necessary cooperation to CC&G in any verification that the institution may decide to carry out into the current existence of the Close Links in questions.

(Place and Date)

(Signature of the Legal Representative)

(Name and Surname)



VI. List of signatures of persons authorised to send requests to CC&G via fax or e-mail with digital signature

Name/Corporate Name:

Name and Surname of the Contract Representative:

The Contractual Representative, by virtue of the powers vested in him, delegates to:

Name and Surname	jointly/separately	Specimen signature

the sending – via fax or e-mail with digital signature – of requests of disposal related to membership and to the operativity of the Member in the New MIC System, excluding those concerning withdrawal from the System, as provided in the CC&G New MIC Regulations and, more generally, in the relevant Annexes.



VII. Details of the securities account used for the return of guarantees and the details of the euro account for return of proceeds deriving from guarantees

Replaces existing order form

Member

Name /Corporate Name
Registered Office in
Address Postcode
VAT Code Tax Code
BIC Code

holder of securities account No. _____ at (chose only one of the below listed CSD)

- Monte Titoli S.p.A.
- Euroclear Bank
- Euroclear France, Belgium, Nederland
- Clearsteram Bank Luxemburg
- Cleastream Bank Frankfurt

holder of euro account for return of proceeds deriving from guarantees

- DCA No. _____
- RTGS No. _____

Agent through which the Securities will be returned to the Member on the latter's request

Name /Corporate Name
Registered Office in
Address Postcode
VAT Code Tax Code
BIC Code

holder of Securities account No. _____ at (chose only one of the below listed CSD)

- Monte Titoli S.p.A.
- Euroclear Bank
- Euroclear France, Belgium, Nederland
- Clearsteram Luxemburg
- Cleastream Frankfurt

holder of euro account for return of proceeds deriving from guarantees

- DCA No. _____
- RTGS No. _____

* * *

The Member shall inform CC&G of any change in the details indicated above by sending this section 5 days before the changes enter in force.



VIII. Details of the account for return of proceeds deriving from guarantees

Replaces existing order form

The Member

Name /Corporate Name
Registered Office in
Address Postcode
VAT Code Tax Code
BIC CodeABI Code.....

- Requires the return of proceeds deriving from guarantees, Italian Government Bond excluded, in the accounts:
 - DCA
 - RTGS n. _____

Self owned

- Requires the return of proceeds deriving from guarantees, Italian Government Bond excluded, in the accounts:
 - DCA
 - RTGS n. _____

Owned by:

Name /Corporate Name
Registered Office in
AddressPostcode.....
VAT Code Tax Code
BIC CodeABI Code.....

* * *

The Member shall inform CC&G of any change in the details indicated above by sending this section 5 days before the changes enter in force.



IX. Signature (1)

Name and Surname	
Position Held	
Email	
Telephone	Fax
Signature	
Name and Surname (2)	
Position Held	
Email	
Telephone	Fax
Signature	
Place and date	

(1) Please enclose power of attorney and specimen signature.

(2) Only where provision is made for joint signature.

The Membership Documentation, duly compiled and signed, should be sent in original (and if necessary sent in advance by email [client.services@ccg.it] or fax [0039 06 32395 267]) to:

Cassa di Compensazione e Garanzia S.p.A.

Piazza degli Affari, 6

20123 Milano – Italy