

ICM Client confirmation with respect to the Immediate Re-Establishment Conditions



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*Company name (ICM Client)	
*Address 1	*Street no.
*Address 2	
*Postal code	*Town/city
*Country	
*First name/surname (Contact person)	
*Phone	*Fax
*E-mail	

* ICM Client Member ID

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We hereby issue the following confirmation with respect to the Immediate Re-Establishment Conditions:

- (1) We confirm that we are neither illiquid nor impending illiquid (*drohend zahlungsunfähig*) and that no petition for the commencement of insolvency proceedings with regard to our assets or any similar petition has been filed (Chapter I Part 3 Subpart A Number 11.4.2 (3) Clearing Conditions).
- (2) If the Individual Clearing Model Provisions under Client Clearing Documentation (ICM-CCD) have been selected as the documentation standard between the ICM Client and _____, we confirm that the corresponding Client Clearing Agreement with _____ meets the requirements of an Eligible Client Clearing Agreement (Chapter I Part 3 Subpart A Number 11.4.2 (4) Clearing Conditions).
- (3) If the Individual Clearing Model Provisions under Client Clearing Documentation (ICM-CCD) have been selected as the documentation standard between the ICM Client and the Replacement Clearing Member, we confirm that the corresponding Client Clearing Agreement with the Replacement Clearing Member meets the requirements of an Eligible Client Clearing Agreement (Chapter I Part 3 Subpart A Number 11.4.2 (5) Clearing Conditions).

Capitalised terms used in this confirmation but not defined herein have the same meaning given to them in the Clearing Conditions.

Date	Place	Company stamp and signature (name in block capitals)
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