

ICM Client confirmation with respect to the Immediate Re-Establishment Conditions (Authorised Manager)



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*	Company name (Authorised Manager)	
*	Address 1	* Street no.
*	Address 2	
*	Postal code	* Town/city
*	Country	
<hr/>		
*	First name and surname (primary contact person)	
*	Phone	* Fax
*	E-mail	
<hr/>		
*	First name and surname (alternative contact person)	
*	Phone	* Fax
*	E-mail	
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*	Member ID of the Authorised Manager:	
	<input type="text"/>	<input type="text"/>

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

We hereby provide the following confirmation in relation to the Immediate Re-Establishment Conditions for all of the Relevant Funds, Relevant Fund Segments, Incorporated Funds and legal entities specified in the Annex to this confirmation, for which we act as Authorised Manger:

- (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).

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

_____	_____	_____
Date	Town/city	Stamp and signature of the ICM Client (name in block capitals) acting as Authorised Manager on behalf of and for the account of the Relevant Funds, Relevant Fund Segments, Incorporated Funds and/or legal entities as specified in the Annex to this Confirmation

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Annex

Name of the Relevant Fund(s), Relevant Fund Segment(s), Incorporated Fund(s) or legal entity(/ies)	Booking Name/Account Name within the systems of Eurex Clearing AG