

Letterhead of Issuer

ISSUER EFFECTUATION AUTHORISATION AND DISPOSAL INSTRUCTION FOR A PROGRAMME

Name of Issuer:

Address of Issuer:

Place of Execution (city):

Date:

To: Name of LuxCSD Vault Operator: LUXCSD S.A.
Address of LuxCSD Vault Operator: c/o CLEARSTREAM BANKING AG
LVO DESK
TRAKEHNER STRASSE 6
60487 FRANKFURT
GERMANY

Dear Sirs,

(the **Issuer**)

With respect to each global note representing securities issued under the above-mentioned programme received from time to time by LuxCSD S.A. (the **LVO**) from ourselves or

acting on our behalf (each a **Global Note**), we hereby authorise and instruct the LVO:

- (i) To act as our agent with respect to the effectuation of each Global Note and, as such, to sign each Global Note as the final act making such note a valid security in accordance with the terms of such Global Note; and
- (ii) To _____ each Global Note in accordance with the normal procedure of the LVO upon maturity and final redemption (or, in the case of each temporary global note, full exchange for the relative permanent global note) of such Global Note.

We expressly authorise the LVO to sub-delegate the effectuation authorisation set out in paragraph (i) above to any other party acting for it.

This instruction may be executed by electronic signature and we agree that in executing this instruction by electronic signature such execution shall be as valid and conclusive of our intention to be bound by this instruction as if this instruction was signed by us or on our behalf by manuscript signature.

We hereby expressly acknowledge and agree that any execution of this instruction by our authorised representative via the abovementioned electronic process is made in full knowledge of the technology implemented, any related terms of use and in compliance with the applicable electronic signature laws and regulations, and accordingly, to the extent permitted by law, hereby irrevocably and unconditionally waive any right we may have to initiate in any claim and/or legal action, directly or indirectly arising out of or relating to the reliability of such electronic signature process and/or its evidence of our intention to enter into this instruction.

Yours faithfully,

Signed on behalf of:

(the **Issuer**)

By:

(Signature of Authorised Officer of Issuer or agent with Authorisation of Issuer)

*Print Name of
Signatory:*

Street Address:

City:

Country:

Postal Code:

Telephone:

Email:

The inclusion of this address and contact information is required by LuxCSD.