

Appendix 1

To the Proxy Voting Services Subscription Form

Use of the Proxy Voting Services

Direct:

We will use the Proxy Voting Services for the Accounts as defined in the Subscription Form dated _____

SWIFT BIC address of the Company: _____

Indirect (upon completion of the power of attorney in the form as set out in Appendix 3 of the Subscription Form)¹.

Our Attorney will use the Proxy Voting Services for the Accounts as defined in the Subscription Form and Appendix 3 dated _____

Contact details

With regards to Proxy Voting Services, please indicate the **principal contact person at the Company**:

Name: _____

Department: _____

Address: _____

City: _____ Post code: _____ Country: _____

Telephone 1: _____ Fax: _____

Telephone 2: _____

Email: _____

Please indicate the **secondary contact person at the Company**:

Name: _____

Department: _____

Address: _____

City: _____ Post code: _____ Country: _____

Telephone 1: _____ Fax: _____

Telephone 2: _____

Email: _____

¹ The contact details of the Attorney shall be indicated in the power of attorney attached hereto in Appendix 3.

ISS ProxyExchange™ Web Application (by default)

The Proxy Voting Services will be available to the Company and/or its Attorney, as the case may be, via ISS ProxyExchange Web Application (ProxyExchange™).

Communications via SWIFT (additional and optional)

The Company and/or its Attorney, as the case may be, will use SWIFT for:
(please tick one box only)

- all notifications and vote instructions between the Company and ISS²
- notifications only
- vote instructions only

Means of communication to be used in case of unavailability of ISS ProxyExchange™ Web Application and communications via SWIFT

For contingency purpose (as defined in the Terms and Conditions as set out in Appendix 2), please indicate the preferred means of communication and associated details to be used to contact the Company³
the most preferred (1) to the least (4):

- Email** at the following address: _____
- Telephone** at the following number: _____
- Fax** at the following number: _____
- Letter** at the following name and address:

Contingency contact name: _____

Address: _____

² ISS means Institutional Shareholder Services Europe S.A. with its registered office at Ch. De la Hulpe 181 b. 24, B-1170 Brussels, Belgium

³ The contingency details to be used to contact the Attorney shall be indicated in the power of attorney attached hereto in Appendix 3.

Authorised signatories

We hereby confirm the list of the authorised signatories to sign any document binding our Company and, where applicable, our Attorney, in relation to the Proxy Voting Services according to the requirements described below (the "Authorised Signatories").

In addition, we confirm that such authority is valid only for the Accounts as defined in the Subscription Form dated _____

	Name of the Authorised Signatory (please print in BLOCK CAPITALS)	Specimen signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Individual or joint signatories *(please tick the appropriate box(es))*

- The persons listed from number: _____ to number: _____ may act as individual signatories.
- Two persons listed from number: _____ to number: _____ may act as joint signatories
- One person listed from number: _____ to number: _____ may act as joint signatory together with One person listed from number: : _____ to number: _____.
- Any two of the persons listed above may act as joint signatories.

We hereby undertake to provide written notification of any revocation or modifications to signatures without delay and to submit an up-to-date specimen signature form on a regular basis. Unless CBF has received written notification that such authority has been revoked or amended, CBF is entitled to rely upon the existing signatures provided.

For and on behalf of the Company,

Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Place: _____	Place: _____
Date: _____	Date: _____