

Appendix 10: Information on direct participant

I. General information

Name of institution: _____

Legal representative: _____

Residence : Resident ☐ Non-resident ☐

BIC code _____

Class according to stipulations in Article 15 (1) (a): _____

Address: _____

E-mail: _____

Taxation at source: Yes ☐ No ☐

If "yes", tax rate in per cent ____ proven by an attached document.

Means of communication: VPN ☐ SWIFT ☐

II. Characteristics related to the operation of the system:

1. Licence for custodian/commissioner of securities ☐ ☐

If "yes", attach the certification document

2. Confirmation for compatibility of messages Y ☐ N ☐

3. Do you have an account in AIPS; ☐ Yes ☐ No

If "no", your settlement agent is _____.

Please attach herein the document that certifies your relation to the settlement agent.

III. Contact details

Contact person for issues/problems related to the system operation:		
Contact person for the business:		
First name, last name		
Position		
Telephone		
Mobile		
E-mail		
Contact person for the IT:		
First name, last name		
Position		
Telephone		
Mobile		
E-mail		

By signing this form, I hereby give my consent for the use of data in the context of the operation of the AFISaR system.

