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| --- | --- |
| Act on Behalf – Credit Freezing instruction [ECMS MOP Section 4.6.2] Page 1 of 1 | |
| Date: 03/04/2025 | Requestor: FR - France |

Please fill in the table below with the information required

|  |  |
| --- | --- |
| Business Justification | |
| Purpose: Credit Freezing instruction | |
| To be processed before:  **Required format: DD/MM/YYYY HH:MM CET/ CEST** |  |
| Actions to be performed | Input Credit Freezing instruction |

Please fill in the table below with the information required

|  |  |
| --- | --- |
| Specific Information | |
| Party's Instruction Reference (Max 15 characters)  **Mandatory** |  |
| Counterparty RIAD Code  **Mandatory** |  |
| Counterparty Pool ID  **Mandatory** |  |
| Credit freezing type  **Mandatory** |  |
| Amount  **Mandatory** |  |
| Update mode | Choisissez un élément. |
| Last update reason  **Optional** |  |

Date and signature of the Counterparty Authority: a single signature is sufficient if the signer has an individual delegation of authority (signer "A"), two signatures are required if the signers are authorized to sign jointly (signer "B").

Date and signature(s)