|  |
| --- |
| Act on Behalf – Statement Of Transactions [ECMS MOP Section 4.6.2]Page 1 of  |
| Date: DD/MM/YYYY | Requestor: Counterparty Riad code :  |

Please fill in the table below with the information required

|  |
| --- |
| Business Justification:  |
| Purpose: Statement Of Transactions report |
| To be processed before:Required format: DD/MM/YYYY HH:MM CET/ CEST |  |
| Action to be performed | Generate Statement Of Transactions |

Please fill in the table below with the information required

|  |
| --- |
| Specific Information |
| Internal Asset Account  |  |
| Start Date |  |
| End Date |  |

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