

Connection to TARGET- Danmark (EUR)

The undersigned hereby requests participation in TARGET-Danmark as a direct participant and the opening of one or more euro accounts in Danmarks Nationalbank (as specified in the "TARGET Services Registration Form").

Institution name: _____

Party BIC: _____

Address: _____

Postal code, city and
country code: _____

Telephone number: _____

Fax number: _____

CVR-number: _____

LEI-code: _____

By signing this request, the undersigned acknowledges and accepts the "Harmonised Conditions for participation in TARGET-Danmark – Settlement of payments in euro at Danmarks Nationalbank" including the related appendices. The applicable terms at any given time can be found on Danmarks Nationalbank's website (www.nationalbanken.dk).

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The undersigned encloses (i) documentation of signing authority and authorisation, (ii) specimen signatures of authorised signatories (iii) a copy of the license from the relevant Financial Supervisory Authority to operate as a credit institution.

Binding signatures for the forms completed above.

For the institution:

Institution name: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Emergency procedure authorisation for co-managee

As a Co-managee, we hereby authorise the persons whom our co-manager has, at any time, authorised on the form "Fuldmagt til TARGET-Danmark (EUR) i Danmarks Nationalbank til brug for nødprocedurer" to act on their behalf, to also act on our behalf and bind us in connection with emergency procedures and to carry out the transactions and actions, etc., as described in the aforementioned forms and in accordance with the Account Terms and conditions.

Check for authorisation to Co-manager

The undersigned encloses (i) documentation of signing authority and authorisation, (ii) specimen signatures of authorised signatories (iii) a copy of the license from the relevant Financial Supervisory Authority to operate as a credit institution.

Binding signatures for the above-completed forms.

For the Institute:

Institution name: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____

For the Co-Manager:

Co-managers name: _____

Party BIC: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____