Model C14

**Declaration of Financial Settlement Acceptance**

*(to be sent by the Financial Settlement Agent)*

This document informs that the Financial Settlement Agent:

|  |
| --- |
| Name: |

accepts to perform this role, in accordance with the respective Clearing Rules, relative to all the Positions registered at OMIClear by the Clearing Member:

|  |
| --- |
| Name: |

**Date:** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Financial Settlement Agent]*