Model C25

Clearing and Settlement Committee Representation

**Clearing Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative Identification**

|  |  |  |
| --- | --- | --- |
| *Name:* |  |  |
| *Function:* |  |  |
| *Address:* |  |  |
| *City/Post Code:* |  | *Country:* |
| *Telephone:* |  | *Fax:* |
| *E-mail:* |  |  |

|  |  |
| --- | --- |
| **Date:**  \_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ |  |

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| *Clearing Member’s Authorised Representative Signature* |