Model C16

Clearing Account Management

|  |  |
| --- | --- |
| **Registration** |  |
| **Cancellation** |  |
| **Modification** |  |

1. **Clearing Member Identification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   Name: System Code: |

1. **Clearing Account Characterisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clearing Account Code (1)** | **Clearing Account Type** | | | |
| Own  (2) | Client (3) | | |
| GO – Generic Omnibus | IS Individual Segregation | OS – Omnibus Segregation |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **C** |  |  | |  |  | *Client must be identified* ***in 4.1*** | *Representative must be identified in* ***4.2*** |

1. **Registration Accounts Connected to Clearing Account**

|  |  |  |
| --- | --- | --- |
| **Registration Account Code** | **Registration Agent of OMIClear** | **Client**  *(to be filled only if it is not the Registration Agent)* |
|  |  |  |

1. **Identification of the Clearing Account’s Client**

*[To be filled out only for Clearing Accounts with Individual Segregation or Omnibus Segregation]*

**4.1 Identification of the Client with Individual Segregation**

|  |  |
| --- | --- |
| Name: | Tax Number: |
| Address: |  |
| City/Code: | Country: |
| Telephone and Fax: | E-mail: |

**4.2 Identification of the representative of the Clients with Omnibus Segregation**

|  |  |
| --- | --- |
| Name: | Tax Number: |
| Address: |  |
| City/Code: | Country: |
| Telephone and Fax: | E-mail: |

1. **Declaration and Signature of the Clearing Member**

|  |
| --- |
| *I declare that I am fully aware of the rights and obligations associated to the type of clearing account selected in number 2, which are laid down in OMIClear’s instructions A05/2014 (Accounts) and B18/2014 (Procedures in Case of Default)* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Signature of the Clearing and Settlement Manager]*

1. **Declaration and Signature of the Registration Agent or Client**

*(To be filled out only for client clearing accounts)*

|  |
| --- |
| *I declare that I am fully aware of the rights and obligations associated to the type of clearing account selected in number 2, which are laid down in OMIClear’s instructions A05/2014 (Accounts) and B18/2014 (Procedures in Case of Default)* |

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*[Signature of the Registration Agent Operational Manager; or Client representative with powers to bind the company]*

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

*……………………………………………………………………………………………………………………………………………………*

***Guide to Fill Out the form***

1. Assign two alphanumeric characters after “C”. The final code shall have the following structure:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **C** |  |  |

Member Code in the System 2 alphanumeric characters to be defined by the member

1. For the registration of the clearing member own positions.
2. For the registration of client positions. The type of clearing account should be defined in accordance with the type of protection agreed with the client, following the rules laid down in OMIClear’s Instructions A05-2014 – Registration Accounts and Clearing Accounts and B18-2014 – Procedures in Case of Default:
   * OG – Client Clearing Account Omnubus Generic
   * OS – Client Clearing Account with Omnibus Segregation
   * IS – Client Clearing Account with Individual Segregation