



## Central Authorisation Administrator Form

Applies to account operators ***without*** local user authorisation administration.

Please use the form "User Authorisation Form" in order to request new users.

Participant id <sup>1</sup>	Full name of participant

Account operator (if not the same as the concerned participant, e.g. if the participant above is a CID)	
Participant id	Full name of participant

The request concerns
<input type="checkbox"/> New registration to be valid from.....
<input type="checkbox"/> Termination to be valid from.....

The following persons are to receive access as authorisation administrators for the concerned participant:

Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

<sup>1</sup> The participant id is the three letter clearing member identity code.



Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

Send by post to
Euroclear Sweden AB Settlement & Asset Services Box 191 SE - 101 23 Stockholm Sweden

\_\_\_\_\_

Date

\_\_\_\_\_

Signature by authorised person(-s)

\_\_\_\_\_

Name(-s)