



Local Authorisation Administrator Form

Applies to account operators *with* local user authorisation administration.

Participant id ¹	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

Environment ²
<input type="checkbox"/> VPC Test Environment (Acpt) <input type="checkbox"/> VPC Production Environment (Prod)

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 local authorisation administrators for the concerned participant:

Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

Name	Signature
Telephone no	E-mail

¹ The participant id is the three letter clearing member identity code.

² Please complete a copy for each environment in the case you intend to use both.



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)