OSLO CLEARING

For the Collateral Agent:

Collateral released
Sign:
Date:

COLLATERAL WITHDRAWAL FORM

Clearing participants name: SSSSSSSSS

Clearing participants member ID: SSSSSSS

Total collateral value to be released (approx. NOK): SSSSSSSSSSSSS

Indicate how much and what type(s) of collateral to be released:

Cash

Currency: _____ Amount: _____

From bank : _____ BIC:_____ IBAN: _____

To bank:_____ BIC: _____ IBAN : _____

Financial instruments

Custodian	**Collateral Account**	**ISIN/Name of instrument (opt.)**	**NOK value (nominal amount)**

Authorized signature:

.....

Date Name in capital letters Signature

Approved by Oslo Clearing:

.....

Date Name in capital letters Signature