

Deutsche Börse AG  
 Client Services, Trading & Clearing  
 60485 Frankfurt am Main  
 Deutschland

Member ID  
 \* Trading Member:

Applicant (Trading Member)

\* Name of the applying exchange participant \_\_\_\_\_

\* Address 1 \_\_\_\_\_ \* Street No \_\_\_\_\_

\* Address 2 \_\_\_\_\_

\* Zip Code \_\_\_\_\_ \* City \_\_\_\_\_

\* Country \_\_\_\_\_

Contact person

\* First name / surname \_\_\_\_\_

\* Telephone \_\_\_\_\_ \* Fax \_\_\_\_\_

\* E-mail \_\_\_\_\_

Bilateral aggregation for:

- Simulation       Production  
 Xetra (XETR)       Börse Frankfurt (XFRA)

- With effect from \_\_\_\_\_ we **select** bilateral aggregation for our institution:  
 With effect from \_\_\_\_\_ we **deselect** bilateral aggregation for our institution:

a) 

|                                      |
|--------------------------------------|
| For account type: agent <sup>1</sup> |
| <input type="checkbox"/>             |

 or b) 

|  |
|--|
| For account type: proprietary <sup>1</sup> |
| <input type="checkbox"/>                   |

We, the **Trading Member**, apply for the following reports on our Miss / Common Report Engine Folder:

BA100 "AGGR. POS. CONFIRMATION XETR" (MT512):  aggregated positions only or  all positions  
 BA200 "AGGR. POS. CONFIRMATION XFRA" (MT512):  aggregated positions only or  all positions  
 BA105 "AGGR. PROCESSING REPORT XETR" (MT518):   
 BA205 "AGGR. PROCESSING REPORT XFRA" (MT518):

We, the **Settlement Institution**, apply for the following reports on our Miss / Common Report Engine Folder:

BA100 "AGGR. POS. CONFIRMATION XETR" (MT512):  aggregated positions only or  all positions  
 BA200 "AGGR. POS. CONFIRMATION XFRA" (MT512):  aggregated positions only or  all positions  
 BA105 "AGGR. PROCESSING REPORT XETR" (MT518):   
 BA205 "AGGR. PROCESSING REPORT XFRA" (MT518):

<sup>1</sup>Please note: If account types agent and proprietary are selected, both account types will be aggregated into one position.

Hereby, we confirm that all internal and external processes are agreed in accordance with Bilateral Aggregation.

\_\_\_\_\_  
 Place and Date      Company stamp and signature on behalf of the Exchange Participant (name in capitals)

\_\_\_\_\_  
 Place and Date      Company stamp and signature on behalf of the settlement institution (name in capitals)

In case the reports should be provided via z/OS File transfer, please complete the following:

Mainaccount

**Delivery KV No**

Subaccount

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please choose the appropriate protocol and provide the relevant technical information

|  |  |        |
|--|--|--------|
| <input type="checkbox"/> <b>z/OS File transfer (SNA)</b> | <b>Destination address:</b> _____  |        |
| File transfer application:                               | <input type="checkbox"/> Connect: Direct <input type="checkbox"/> NJE <input type="checkbox"/> CFT |        |
| Technical contact person                                 |  |        |
| Phone  | Fax  | E-mail |