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## Termination Request Form

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We hereby express our willingness to terminate the Participation Agreement (including their attachments and amendments) and the Financial Agreement (including its amendments)

between

Joint Allocation Office S.A., registered office at 2, rue de Bitbourg, L-1273 Luxembourg, Grand Duchy of Luxembourg, registered in the Luxembourg Trade and Companies Registry (*Registre de Commerce et des Sociétés*) under commercial register number B 142282, known as '**Allocation Platform**'

and

Company Name:

Company Address:

EIC Code:

known as '**Registered Participant**'.

We take note that the deadline of termination of the contract is defined by the reason of termination, i.e. as follows:

- For no particular reason the deadline is 30 working days in case all outstanding payment obligations are settled;
- For major breach the deadline is 20 working days.

Reason of the termination:

Additionally we kindly ask you to return the following Bank Guarantee once the appropriate deadline of termination is passed.

Number:

Issued by:

We kindly request the transfer of the remaining deposit amount on our current Business Account. We take note that additional banking fees will be deducted from the deposit amount as indicated in the attached Fund Transfer Request Form.

Special remarks:

The Representative(s) of the Registered Participant<sup>1</sup> confirm having reviewed and approved the Termination Request Form.

Name:

Name:

Place:

Place:

Signature: .....

Signature: .....

**Attachment(s):**

Fund Transfer Request Form

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<sup>1</sup> Authorized Person(s) based on the latest Commercial Extract.