

ClearPar

S&P Global

USER DETAILS

Company Name

Entity Name

First Name

Last Name

Address

City

State/Region

Zip/Postal Code

Country

Phone

Fax

E-Mail Address

External User ID*

*optional

AUTHORIZED ROLES

- | | | |
|--|---|---|
| <input type="checkbox"/> Closer | <input type="checkbox"/> Security Agent | <input type="checkbox"/> Credit Contact |
| <input type="checkbox"/> Agent Bank | <input type="checkbox"/> Fund Administrator | <input type="checkbox"/> Borrower |
| <input type="checkbox"/> Custodian/Trustee | <input type="checkbox"/> Read Only | <input type="checkbox"/> DC Override Approver |
| <input type="checkbox"/> Legal Counsel | <input type="checkbox"/> Operations Contact | (LSTA trades only) |

ACTIVITY RIGHTS

Document Type	Review	Sign
Trade Confirm		
AA/Transfer Certificate*	<input type="checkbox"/>	<input type="checkbox"/>
Funding Memo/Pricing	<input type="checkbox"/>	<input type="checkbox"/>
Letter PSA (LSTA only)	<input type="checkbox"/>	<input type="checkbox"/>
MultiLat	<input type="checkbox"/>	<input type="checkbox"/>
Net Off	<input type="checkbox"/>	<input type="checkbox"/>
Payout Letter	<input type="checkbox"/>	<input type="checkbox"/>

*signifies only document type applicable to Agent/Security Agent role

"I confirm that I am authorized to append my signature, by electronic means, to documents and otherwise on the ClearPar platform, with the effect that the electronic signature shall bind the legal entity on behalf of which I am appending my signature and that this electronic signature is valid and binding."

Specimen Signature

(for online signing only)

Signing Title

"Primary Contact" approval will be sourced before user access can be granted.

Please email this form to ClearParSupport@IHSMarkit.com

For further assistance please call +001 646 690 4288 (US) or +44 203 367 0400 (UK)