

## Header of the concerned institution

### APPENDIX 4: Data needed for Membership

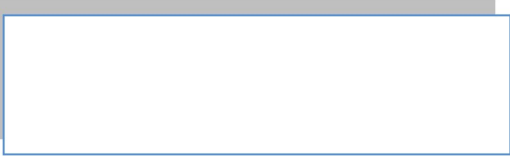
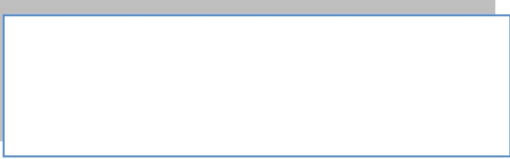
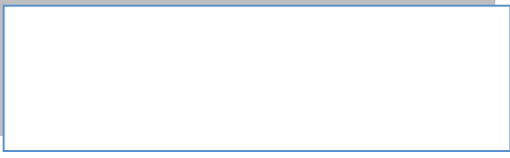
#### General Information Entity

Nominal value:	<Nominal value >	MAD	Number of shares constituting the capital	<Number of shares constituting the capital>	Amount of capital	<Amount of capital>	MAD
Type of identifier (*):	<indicate from list >		Identifier (**):	<indicate the identifier number, depending on the type (see Example below)>			
(*) RC - Commercial Register; or AG - CDVM approval only for SICAVs (**): RC Number: Ex 810-1000; or CDVM Approval No: Ex 89/99							
Rating Agency:	<indicate the rating agency if available>		Rating:	<indicate the rating if available>			
Line of business:							
<input type="checkbox"/> Agro-food industry/ Production		<input type="checkbox"/> Insurance		<input type="checkbox"/> Banks			
<input type="checkbox"/> Drinks		<input type="checkbox"/> Chemistry		<input type="checkbox"/> Distributors			
<input type="checkbox"/> Electronic & Electrical Equipments		<input type="checkbox"/> Real estate		<input type="checkbox"/> Leisure & Hotels			
<input type="checkbox"/> Hardware, Software and IT Services		<input type="checkbox"/> Mines		<input type="checkbox"/> Oil and Gas			
<input type="checkbox"/> Pharmaceutical industry		<input type="checkbox"/> Community Services		<input type="checkbox"/> Finance companies / Other financial activities.			
<input type="checkbox"/> Portfolio management companies		<input type="checkbox"/> Telecommunications		<input type="checkbox"/> Transportation			
<input type="checkbox"/> Management Company		<input type="checkbox"/> SICAV		<input type="checkbox"/> Construction materials and building			
<input type="checkbox"/> Other (please specify)							

#### Addresses

• <b>Main address:</b>				
Address	<Indicate the main address >		P.O. box	<Indicate the P.O. Box if available>
City	<Indicate the city >		Postcode	<Provide the postal code>
• <b>Billing Address:</b>				
Address	<Indicate the main address >		P.O. box	<Indicate the P.O. Box if available>
City	<Indicate the city >		Postcode	<Provide the postal code>

Contacts

<b>Business contact:</b>			
Last name	<Indicate the last name of the business contact >	First name	<Indicate the first name of the business contact >
Title		Department	
<Indicate the title of the business contact >		<Indicate the department to which the business contact is attached >	
Telephone 1:	<Contact Phone Number >	Fax:	<Contact's Fax No. >
Mobile:	<Contact mobile number >	Email:	< Contact's Electronic inbox>
Signature			
<b>Alt. Contact:</b>			
Last name	<Indicate the last name of an additional contact (Backup) in case of unavailability of the business contact >	First name	<Contact Phone Number >
Title		Telephone 2	<Contact Phone Number >
<Indicate the title of the contact for functional matters>			
Signature			
<b>Contact for the Billing part:</b>			
Last name	<Indicate the last name of the contact for billing purposes>	First	<Indicate the first name of the contact for billing purposes>
Title		Department	
<Indicate the title of the contact >		<Indicate the department to which the contact is attached >	
Telephone 1:	<Contact Phone Number >	Fax:	<Contact's Fax No. >
Email:	< Contact's Electronic inbox>		
Signature			

**N.B:** By means of this form, MAROCLEAR may gather your personal data in order to ensure the management of affiliation files. The data collected are stored internally and are only transmitted to the Operations Department and the IT Department of MAROCLEAR. This processing has been declared to the CNDP (The National Control Commission for the Protection of Personal Data) under number D-GC-269/2015. You can contact [deontologie@maroclear.com](mailto:deontologie@maroclear.com) to assert your rights of access, rectification and opposition in accordance with the provisions of Act 09-08.

Signed in ....., on .....

<b>AFFILIATE STAMP AND SIGNATURE</b>	<b>MAROCLEAR RECEIPT ACKNOWLEDGEMENT</b>