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|  | CINS/ISIN IDENTIFIER CHECKLIST – AMENDMENTS |

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| **\*Name of Entity:**(Legal name as stated in the offering document) |
| **\*Country of Incorporation** |  | **Cayman Islands**  |  | British Virgin Islands |
| **\*Billing Address (party responsible for paying CSX invoice):** |
| **Amendment Details** |
| **\*ISIN Number**  | **\*Current Issue Description** | **\*Requested Issue Description** |
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| **\*Effective Date (DD/MM/YYYY):**  |
| **\*Resolutions Provided** |  | Yes |

**\*: Required Fields – application will not be accepted unless these fields are completed**