|  |  |
| --- | --- |
|  | CINS/ISIN IDENTIFIERCHECKLIST – AMENDMENTS |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*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** | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
| **\*Effective Date (DD/MM/YYYY):** | | | | | | | | |
| **\*Resolutions Provided** | | |  | Yes | | | |

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