

ClearPar



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
(LSTA trades only) |
| <input type="checkbox"/> Legal Counsel | <input type="checkbox"/> Operations Contact | |

ACTIVITY RIGHTS

Document Type	Review	Sign
Trade Confirm	<input type="checkbox"/>	<input type="checkbox"/>
AA / Transfer Certificate*	<input type="checkbox"/>	<input type="checkbox"/>
Funding Memo / Pricing Letter	<input type="checkbox"/>	<input type="checkbox"/>
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)**