



Applicant (Originator/Sponsor)

Company: _____

Contact: _____

Address: _____

To:
STS Verification International GmbH
Mr Michael Osswald
Mainzer Landstrasse 61
D - 60329 Frankfurt
GERMANY

STS VERIFICATION DATA SHEET (ABCP)

Pursuant to Article 28 of the Securitisation Regulation, we hereby apply to STS Verification International GmbH ("SVI") for third party verification of compliance with the STS criteria for the securitisation of the type described below.

The details of the transaction for which we seek the STS verification are as follows:

Details of parent company of the Seller(s) / Servicer(s)

Name / company _____

Contact person _____

Email _____

Street and number _____

Postcode / City / County _____

Tel (office) _____

Billing address _____

VAT number _____



Details of the Seller(s) / Servicer(s) active in the transaction

No. 1)

Name / company _____
Contact person _____
Street and number _____
Postcode / City / County _____

No. 2)

Name / company _____
Contact person _____
Street and number _____
Postcode / City / County _____

No. 3)

Name / company _____
Contact person _____
Street and number _____
Postcode / City / County _____

IN CASE OF MORE SELLER(S) / SERVICER(S) PLEASE ADD/COPY DETAILS OF FURTHER SELLER(S) / SERVICER(S).

Details of the purchasing SPV

Name / company _____
Contact person _____
Email _____
Street and number _____
Postcode / City / County _____



Details of the Sponsor(s) involved

No. 1)

Name / company _____

Contact person _____

Email _____

Street and number _____

Postcode / City / County _____

Trade register No _____

No. 2)

Name / company _____

Contact person _____

Email _____

Street and number _____

Postcode / City / County _____

Trade register No _____

IN CASE OF MORE SPONSOR(S) PLEASE ADD/COPY DETAILS OF FURTHER SPONSOR(S).

Details of the ABCP Programme(s) involved

No. 1)

Name / company _____

Contact person _____

Street and number _____

Postcode / City / County _____

No. 2)

Name / company _____

Contact person _____

Street and number _____

Postcode / City / County _____

IN CASE OF MORE ABCP PROGRAMME(S) PLEASE ADD/COPY DETAILS OF FURTHER PROGRAMME(S).



Details of the Arranger(s)

Name / company _____

Contact person _____

Email _____

Street and number _____

Postcode / City /Country _____

Tel (office) _____

Details of the nominated Law Firm(s)

Name / company _____

Role
(e.g. counsel for bank(s) / originator) _____

Contact person _____

Email _____

Street and number _____

Postcode / City /Country _____

Tel (office) _____

Reference data on the ABCP transaction

Asset class _____

Country / Countries of asset origin _____

Securitisation structure true sale structure
 synthetic structure

Portfolio structure static structure
 revolving structure

Applicable law(s)
(please list all jurisdictions involved) _____

expected total volume of the
transaction
(inclusive split for each ABCP
Programme) _____

Trustee _____



Swap Counterparty _____

Rating agencies

- DBRS Fitch Ratings
 Moody's Standard & Poor's
 others: _____

Please specify any transaction feature(s), if any, that could be problematic for the fulfilment of the STS Criteria

Details of the timeline

Expected signing date _____

Expected closing date _____

Other transaction details:

Transaction chart - please provide separately

Transaction term sheet or other transaction summary- please provide separately.

The following additional service is to be provided by SVI:

- Publication of the entire transaction documentation and the Investor Reports on the SVI website for the duration of the transaction.

Place/Date

Signature(s) of applicant