

Re: Method of Custody of Clearing Participant Agreement, etc., Response to Inquiry which may be Received from Discloser/Recipient in relation to Clearing Participant Agreement, etc. and Other Necessary Matters

September 5, 2012
Japan Securities Clearing Corporation

1. For the custody of the Clearing Participant Agreement, etc. set forth in Article 47, Paragraph 2 of Handling Procedures of Interest Rate Swap Business Rules, JSCC shall keep the original of such document at JSCC's premises.
2. As to the response to inquiry which may be received from Discloser/Recipient relating to Clearing Participant Agreement, etc. set forth in Article 47, Paragraph 2 of Handling Procedures of Interest Rate Swap Business Rules, JSCC will accept a submission by the Discloser/Recipient of the form in Appendix 1 "Request for Issuance of Certificate concerning Clearing Participant Agreement, etc." or Appendix 2 "Request for Accessing Clearing Participant Agreement, etc." with respect to the Clearing Participant Agreement, etc. of the other Clearing Participant or the other Clearing Customer which is the counterparty to the Underlying Transaction of Clearing Brokerage with respect to the Brokerage for Clearing of Securities, etc. relating to the relevant Discloser/Recipient.

End of Document

**REQUEST FOR ISSUANCE OF CERTIFICATE RELATING TO IRS
CLEARING PARTICIPANT AGREEMENT, ETC.
(For Clearing Participant)**

Submission Date:

Name of Participant

Name of Representative of
Clearing Participant
(IRS Clearing Qualification)

[Seal]

Record Date of Certification	MM DD, YY
Name of Clearing Participant or Clearing Customer which is the counterparty to the Underlying Transaction of Clearing Brokerage subject to the certification	
Number of Copies	
Receiving Method	<p>* Please check the applicable box below.</p> <p><input type="checkbox"/> Receive at counter of JSCC (TSE Main Bldg. 5th Floor)</p> <p><input type="checkbox"/> Mailed to following address:</p> <p>Address:</p> <p>Company Name:</p> <p>Section:</p> <p>Name of Recipient:</p>

Reference Translation

Remarks	
---------	--

(Note) If needs to be sent to multiple destinations, please state such effect in the Remarks.

<u>Contact</u> (Person in charge) _____ (TEL) _____

**REQUEST FOR ISSUANCE OF CERTIFICATE RELATING TO IRS
CLEARING PARTICIPANT AGREEMENT, ETC.
(For Clearing Customer)**

Submission Date:

Name of Clearing Customer
(Name of Clearing Participant
On Customer Account)

Name of Representative
Of Clearing Customer

[Seal]

Record Date of Certification	MM DD, YY
Name of Clearing Participant or Clearing Customer which is the counterparty to the Underlying Transaction of Clearing Brokerage subject to the certification	
Number of Copies	
Receiving Method	<p>* Please check the applicable box below.</p> <p><input type="checkbox"/> Receive at counter of JSCC (TSE Main Bldg. 5th Floor)</p> <p><input type="checkbox"/> Mailed to following address:</p> <p>Address</p> <p>Company Name:</p> <p>Section:</p> <p>Name of Recipient:</p>

Reference Translation

Remarks	
---------	--

(Note 1) If needs to be sent to multiple destinations, please state such effect in the Remarks.

(Note 2) If the Clearing Customer requests the issuance, please attach the certificate of the registered seal certifying the seal impression affixed to this form.

<u>Contact</u> (Person in charge) _____ (TEL) _____

**REQUEST FOR ACCESS RELATING TO IRS CLEARING
PARTICIPANT AGREEMENT, ETC.**

(For Clearing Participant)

Submission Date:

Name of Participant

Name of Representative of
Clearing Participant
(IRS Clearing Qualification)

[Seal]

Desired Date of Access	MM DD, YY
Name of Clearing Participant or Clearing Customer which is the counterparty to the Underlying Transaction of Clearing Brokerage subject to the access	
Person Visiting	<p>Company Name:</p> <p>Section:</p> <p>Name of Person in Charge</p> <p>Contact:</p>

(Note) We cordially request that the person visiting us for this purpose carry his/her identification document.

Contact	(Person in charge)_____	(TEL)_____
---------	-------------------------	------------

**REQUEST FOR ACCESS RELATING TO IRS CLEARING PARTICIPANT AGREEMENT, ETC.
(For Clearing Customer)**

Submission Date:

Name of Clearing Customer
(Name of Clearing Participant
On Customer Account)

Name of Representative
Of Clearing Customer [Seal]

Desired Date of Access	MM DD, YY
Name of Clearing Participant or Clearing Customer which is the counterparty to the Underlying Transaction of Clearing Brokerage subject to the access	
Person Visiting	Company Name: Section: Name of Person in Charge Contact:

(Note 1) If the Clearing Customer requests an access to the Clearing Participant Agreement, etc., please attach the certificate of the registered seal certifying the seal impression affixed to this form.

(Note 2) We cordially request that the person visiting us for this purpose carry his/her identification document.

Contact (Person in charge) _____ (TEL) _____