

Form EACCA 4a MERGER CLEARANCE CERTIFICATE

TO:………………………………….

1. You applied to Authority on ……………………… [Date] for merger approval in accordance with Regulation....., after reviewing the information you provided, the Authority approves the merger.
2. This approval is subject to no conditions/the conditions listed on the attached sheet
3. Name and Title of Person authorized to sign on behalf of the Authority

……………………………………………………………………………………………

…

Authorized signature:

…………………….............

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