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| **TEMPLATE OF** **SUPPLEMENTAL INFORMATION MEMORANDUM** |

SUPPLEMENT DATED …

NAME OF THE PROGRAMME

NAME OF THE ISSUER(S)

PROGRAMME TYPE

PROGRAMME SIZE

The Programme is Rated/Not Rated

Name of the Guarantor (If relevant)

ISSUING AND PAYING AGENT

DEALERS

*This document is supplemental to, and should be read in conjunction with, the Information Memorandum dated [date of the IM] in relation to [name of the programme].*

**UPDATED INFORMATION**

*Please insert the updated information, by making reference to the relevant sections in the original Information Memorandum.*

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| **CERTIFICATION OF INFORMATION*****Optional*** |
| Person responsible for the Information Memorandum | Full name(s) and title(s) |
| Declaration of the person(s) responsible for the Information Memorandum: | *Example of wording:* To our knowledge, the information contained in this document is true and accurate and does not contain any misrepresentation which would make it misleading. |
| Date, Place of signature, Signature |  |