ECEGSA Deposit Form

		INITIAL FLOAT:		
ITEM #	DESCRIPTION	QUANTITY	VALUE	TOTAL
		(2.11.11.11		
			REVENUE:	
			TOTAL FLOAT:	
	FOR INTERNAL US	CE ONLY		
DEPOSIT #:	FOR INTERNAL US	SE UNLT		
DEFOSIT #.				
PPROVAL 1: Name:			Date:	
Signature:				
			Date:	
Signature:				
By signing this claim fo (1) that we are signing	rm, we assert: authorities for the ECEGSA;			
(2) that we confirm the t	otal value of cash held in this float; and to the initial float is consistent with that expected from the			