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**Specimen Signature**

|  |  |  |
| --- | --- | --- |
| **Client data** | | |
| Company name: Click here to enter text. | | |
| Client code : Click here to enter text. | LEI code: Click here to enter text. | |
| **Role:** Choose an item. | | | |
| In case of intermediary role please select the account type | |
| Property account. Please specify the account code Click here to enter text. | |
| Omnibus account. Please specify the account code Click here to enter text. | |
| Segregated account. Please specify the account code Click here to enter text. | |

**CENTRALIZED ADMINISTRATION SERVICES AND RELATED ACTIVITIES**

**First release  Amendment  New version**

1. Authorized signatures to be registered:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature type** | **Signature** |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |

1. Authorized signatures to be revoked:

|  |  |
| --- | --- |
| **Name** | **Role** |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |

|  |
| --- |
| (Place and date) |
| (Stamp and Signature of the  Legal Representative) |

**Specimen Signature***.*

|  |  |
| --- | --- |
| **Client data** | |
| Company name: Click here to enter text. | |
| Client code : Click here to enter text. | LEI code: Click here to enter text. |
| CED code: Click here to enter text. |  |

**CLEARING & SETTLEMENT SERVICES AND RELATED ACTIVITIES**

**First release  Amendment  New version**

1. Authorized signatures to be registered:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature type** | **Signature** |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |
| Click here to enter text. | Choose an item. | Choose an item. |  |

1. Authorized signatures to be revoked:

|  |  |
| --- | --- |
| **Name** | **Role** |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |

|  |
| --- |
| (Place and date) |
| (Stamp and Signature of the  Legal Representative) |