­­­

**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 theLegal 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 theLegal Representative) |