

Card of specimen signatures and seal

Client CIF A New Amends existing Supplements existing

Date Venue

Client
(name, surname / company name)

Personal code (date of birth) / Registration number

The Client's legal address:
 Street, house, apartment
 City Country Postal code Country code

The Client's actual address:
 Street, house, apartment
 City Country Postal code Country code

Phone + E-mail

Phone + E-mail

Account No.

All Client accounts

The Client / Client's representatives with the right to sign

Name, surname **Is the Client / Client's representative related with the US? ***

..... Yes (fill the form "Information for determining US tax payer status" for each representative separately) No

Personal code / date of birth

Position Unlimited

A
 B
 C
 D

Is the Client / Client's representative a Politically exposed person? **
 Yes (explain) No

Is the Client / Client's representative a Family member of a politically exposed person? ***
 Yes (explain) No

Is the Client / Client's representative a Person closely related with a politically exposed person? ****
 Yes (explain) No

Specimen signature

Name, surname **Is the Client's representative related with the US? ***

..... Yes (fill the form "Information for determining US tax payer status" for each representative separately) No

Personal code / date of birth

Position Unlimited

A
 B
 C
 D

Is the Client's representative a Politically exposed person? **
 Yes (explain) No

Is the Client's representative a Family member of a politically exposed person? ***
 Yes (explain) No

Is the Client's representative a Person closely related with a politically exposed person? ****
 Yes (explain) No

Specimen signature

