

Client Specimen Signature Form

We, the undersigned, representing,

Registered Company name (in full)

Address of the registered office

City Country

hereby confirm the list of the authorised signatories to sign any document binding our Company according to the requirements described below (the authorised signatories).

In addition, we confirm that such authority is valid:

- for all the accounts opened or to be opened in our name at the above location in the books of Clearstream Banking S.A.¹
- only for the following account number(s):

Name of the authorised signatory (please print in BLOCK CAPITALS)	Specimen signature	Scope of authority: general/restricted (see Guidelines)
1		
2		
3		
4		
5		

1. Clearstream Banking S.A. (CBL), with its registered office located at 42 avenue JF Kennedy, L-1855 Luxembourg, Luxembourg and registration R.C.S. Luxembourg number B 9248. CBL is also registered as an Australian CS (Overseas) Facility, under subsection 824B(2) of the Corporations Act 2001, with registration number ARBN 675 244 783.

Individual or joint signatories

(please tick the appropriate box(es))

- The persons listed**
from number: ____ to number: ____ may act as individual signatories.
- One person listed**
from number: ____ to number: ____ together with one person listed
from number: ____ to number: ____ may act as joint signatories.
- Any two of the persons listed** as authorised may act as joint signatories.

Supplement or replacement

(please tick one box only)

- The submission of this form supersedes**
 - The previous specimen signature form dated _____
 - Our official signature list dated _____

OR

- This specimen signature form supplements**
 - The previous Client Specimen Signature Form dated _____
 - Our official signature list dated _____

We hereby undertake, in accordance with Article 34 of CBL's General Terms and Conditions, to provide written notification of deletions or modifications to signatures without delay and to submit an up-to-date specimen signature form on a regular basis. It is assured that the authorised signatories notified to CBL will remain authorised until CBL has received written notification that such authority has been revoked.

Authorised signature(s)

_____ Signature	_____ Signature
_____ Name	_____ Name
_____ Title	_____ Title
_____ Place	_____ Place
_____ Date	_____ Date

Name of the authorised signatory
(please print in BLOCK CAPITALS)

Specimen signature

Scope of authority: general/restricted
(see Guidelines)

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

Guidelines

Account numbers

– First box

Mark the first box only if all of your accounts are managed by the same office.

– Second box

Mark the second box only if all the accounts listed are covered by the signatures on this form. Please ensure that you have listed all relevant account numbers.

Note: Please use another form or forms for accounts not covered by the signatures on this form.

Name of the authorised signatory

At least one signatory name is mandatory if he/she is authorised to sign alone. At least two signatories are mandatory if they are authorised to sign jointly. If completing by hand, please write names in BLOCK CAPITALS.

Specimen signature

Please sign within the box to facilitate scanning of your signature.

Scope of authority

– General

Indicates authority to sign documentation binding the Company, including but not limited to deeds, contracts, agreements, power of attorney, requests for opening and closing of accounts, and any instructions or requests regarding day-to-day operational business.

– Restricted

Indicates authority to sign any instructions or requests regarding day-to-day operational business. Please ensure that at least one signatory has general authority (if authorised to sign alone) or two have general authority (if authorised to sign jointly). If necessary, additional restrictions may be specified for signatories with restricted authority, for example, password/access reset requests, audit requests etc.

Individual or joint signatories

Please enter any individual signatories first. If no box is marked, we will assume that each signatory is authorised to sign alone.

This form and any continuation page must be numbered, dated and signed by a company director or other officer (two if acting jointly) authorised to appoint signatories. Should the appointers also be considered as authorised signatories, their names must be listed among the appointed persons. Adequate proof of their authority to appoint signatories must be attached to the form and any attachments must be duly certified. Certification must be done by a competent authority, whether under Luxembourg regulation or the national regulation of the client's jurisdiction (such as a notary, police officer, embassy, or a government administration such as the mayor's office). Proof of the competence of an authority that is not under Luxembourg regulation must be attached.

Please return the completed form and attachments to the following address:

Clearstream Banking S.A.
Attention: Account Administration Luxembourg
42, avenue JF Kennedy
L-1855 Luxembourg