

Customer Specimen Signature Form

We, the undersigned, representing,

Registered Company name (in full)

City Country

hereby confirm that this specimen signature form is valid (please tick one box only):

- for all the accounts opened or to be opened in our name at the above location in the books of Clearstream Banking AG ("CBF");
- only for the following account number(s):

Name of the authorised signatory (please print in BLOCK CAPITALS)	Specimen signature ¹	Scope of Authority General commercial Power of Attorney ("Prokura" under German law), Commercial power, type A/B ("Handelsvollmacht")
1		
2		
3		
4		
5		

1. Please sign only in the specimen box to enable scanning of the signatures.

Individual or joint signatories **The persons listed**

(please tick the appropriate box(es))

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 _____

OR

 This specimen signature form supplements the previous customer specimen signature form dated _____

We agree to provide written notification of deletions or modifications to signatures without delay and to submit an up-to-date specimen signature form once a year. It is assured that the authorised signatories notified to CBF will remain authorised until CBF has received written notification that such authority has been revoked.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 commercial Power of Attorney [“Prokura” under German law], Commercial power, type A/B [“Handelsvollmacht”]
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Authorised signature(s)

<hr/> Signature	<hr/> Signature
<hr/> Name	<hr/> Name
<hr/> Title	<hr/> Title
<hr/> Place	<hr/> Place
<hr/> Date	<hr/> Date

Guidelines

SignatureNet

If your company has confirmed that CBF should only use the web-based platform SignatureNet to check your company's signatures, this form does not have to be provided.

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 (an)other copy/copies of this form 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.

Scope of authority

An updated official list of authorised signatures with specimen signatures refers to the company itself. Whereas the specimen signature form for CBF only requires the indication of authorised signatories for the concerned CBF account(s), CBF uses this condensed standardised form to feed an internal electronic signature management system. This system enables a decentralised, simple and fast verification of signatures directly within all operational departments.

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.

Legally binding signing

This form and all following pages must be numbered, dated and signed by a company director or another officer (two if acting jointly) authorised to appoint signatories. The specimen signature(s) used to sign the form must be included in the official company list of authorised signatures.

Please return the completed form to:

Clearstream Banking AG

Attn: Account Administration Frankfurt (OSM)

D-60485 Frankfurt am Main