

Institutional Client Registration Form (Annex)

Principal Details

Type: _____
Name: _____
Capacity: _____
Expiry Date: _____
Permanent Address
Add. Line 1: _____
Add. Line 2: _____
City/Town: _____
Postal Code: _____
Country: _____

Will the above principal be an authorised signatory?

 No Yes (If yes, please provide *Signature Specimen* below)

Signature: _____

Principal Details

Type: _____
Name: _____
Capacity: _____
Expiry Date: _____
Permanent Address
Add. Line 1: _____
Add. Line 2: _____
City/Town: _____
Postal Code: _____
Country: _____

Will the above principal be an authorised signatory?

 No Yes (If yes, please provide *Signature Specimen* below)

Signature: _____

Principal Details

Type: _____
Name: _____
Capacity: _____
Expiry Date: _____
Permanent Address
Add. Line 1: _____
Add. Line 2: _____
City/Town: _____
Postal Code: _____
Country: _____

Will the above principal be an authorised signatory?

 No Yes (If yes, please provide *Signature Specimen* below)

Signature: _____

Principal Details

Type: _____
Name: _____
Capacity: _____
Expiry Date: _____
Permanent Address
Add. Line 1: _____
Add. Line 2: _____
City/Town: _____
Postal Code: _____
Country: _____

Will the above principal be an authorised signatory?

 No Yes (If yes, please provide *Signature Specimen* below)

Signature: _____