

SPECIMEN SIGNATURES

Please use additional sheets if more space is needed.

ACCOUNT NAME

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Please check the appropriate box to indicate whether this card is being submitted for new account/s, additional names for an existing account, or to supersede existing information.

New
 Addition
 Supercede

1 AUTHORIZED SIGNATURES *(Please sign twice)*

Name		
Position		
Restriction/s	Type of Signatory (e.g. A, B)	
	Limitations	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Others _____
Specimen Signatures	1.	
	1.	

2 AUTHORIZED SIGNATURES *(Please sign twice)*

Name		
Position		
Restriction/s	Type of Signatory (e.g. A, B)	
	Limitations	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Others _____
Specimen Signatures	2.	
	2.	

3 AUTHORIZED SIGNATURES *(Please sign twice)*

Name		
Position		
Restriction/s	Type of Signatory (e.g. A, B)	
	Limitations	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Others _____
Specimen Signatures	3.	
	3.	

By affixing my/our signature above, I / We hereby authorize PDTC to honor and effect our transactions on the basis hereof, in relation to the Registry Account I / We maintain with PDTC as well as other account/s I / we may establish in the future.

We hereby acknowledge receipt of and accept PDTC's Registry Rules and Procedures. I/We have understood the PDTC Registry Rules and Procedures and I/we agree to abide by it.

CORPORATE SECRETARY'S VALIDATION (for corporations):	SIGNATURE VERIFIED BY Endorsing Bank / Underwriter / Broker:		
This section to be accomplished by PDTC:			
Processed by:	Checked by:	Approved by:	Date: