[Appendix 2](#_top)

Form AA003

|  |  |  |  |
| --- | --- | --- | --- |
| ***Appendix No.*** | |  | ***Depository Code*** |
| *Document number:* | *Date* |  |  |
|  |  |  |  |

**AUTHORIZED REPRESENTATIVE'S DETAILS FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| The City of \_\_\_\_\_\_\_\_ | | \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_  ”  ” 199 | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| 1. | | Client: | |  | | | | | | | | | | | | |
| 2. | | Client's depository code: | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | | Operator: | |  | | | | | | | | | | | | |
| 4. | | Operator's depository code: | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |

**Authorized Representative:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5. | Full name: |  | | | |
| 6. | Position: |  | | | |
| 7. | Passport: | Series |  | № |  |
|  |  | issue date |  | | |
|  |  |  |  | | |
| 8. | Business phone number: |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Specimen signature | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Specimen seal impression | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | | | | | |  | | | |  | | | | | | | | |
| (Position) | | | | |  | | (Full Name) | | | | | | | | | |  | | | | (Signature) | | | | | | | | |
|  | | | | |  | |  | | | | | | | | | | Stamp | | | |  | | | | | | | | |
|  | | | | |  | |  | | | | | | | | | |  | | | |  | | | | | | | | |
| **Instruction's reg. number** | | |  |  |  | |  | |  |  |  | | **Instruction entry date:** | | | | | |  |  |  | | |  | |  | |  | | |
|  | | |  |  |  | |  | |  |  |  | |  | | | | | |  |  |  | | |  | |  | | |  |  | |
| **Instruction acceptance date:** | | | \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |
| **Instruction acceptance time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Operations clerk:** | | |  | | | | | | |  | | | **Operator:** | |  | |  | | | | | | | |  | | | | | |
|  | | | *(Signature)* | | | | | | |  | | |  | | | | | | *(Signature)* | | | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transaction Completion Report No.: | | | |  | | | | |  | Date: | | \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ | | | | Controller: | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | *(Signature)* | | | | | | | |