# [Form AA003 Completion Guidelines](#_top)

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| **Field** | **M/O** | **Comments** |
| *Document number* | **O** | Provide the sequential number of the Appendix and the details of the Instruction to which the Authorized Representative's Details Form is attached:   1. Number and acceptance date of the Instruction to which the Details Form is attached; 2. Client's/Operator's depository code |
| *Client* | **M** | Provide the Client's full corporate name |
| *Client's depository code* | **M** | Provide the Client's depository code *(12 characters)* |
| *Operator* | **M/O** | Provide the Operator's full corporate name  *(to be completed if an Operator's authorized representative is designated)* |
| *Operator's depository code* | **M/O** | Provide the Operator's depository code *(12 characters)*  *(to be completed if an Operator's authorized representative is designated)* |
| *Full name* | **M** | Provide the full name (last, first and patronymic names) of the authorized person with respect to the relevant securities account/sub-account |
| *Position* | **M** | Specify the position (job title) of the authorized representative at the Client's/Operator's organization |
| *Passport* | **M** | Provide the details of the authorized person's ID document |
| *Business phone number* | **M** | Provide the authorized person's business phone number  *(including international code)* |
| *Specimen signature* | **M** | Provide the authorized representative's specimen signature |
| *Specimen seal impression* | **M** | Provide the specimen seal impression to be used along with the authorized representative's signature |