

SPECIMEN SIGNATURES

Please use additional sheets if more space is needed.

ACCOUNT NAME

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
 Supersede

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:
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This section to be accomplished by PDTC:

Processed by:	Checked by:	Approved by:	Date:
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