

Registered Person Data Form (Physical Person)

Last Name: **First Name:**

JMB **DOB** **Citizenship**

Documet: type issued by number

Address:

Mailing Address *(if different form above)*

Telephone **Fax** **E-mail**

Extract and other correspondence to be:

picked up by person at the CDA office delivered by mail *(at additional cost)*

delivered by registered mail *(at additional cost)* delivered by courier *(at additional cost)*

Distribution of dividends *(check one only):*

cash wire transfer to bank account

Bank Account information *(in case of dividend distribution by wire transfer)*

Official representative:

appointed *(official representative data form must be attached)*

not appointed

Signature of Registered person

The signature is verified by *(filed in case the form signed not in the CDA office):*

issuer professional market participant commercial court other (?)

Name of the organization	<input type="text"/>	(corporate seal)
Organization's representative	<input type="text"/>	
Position	<input type="text"/>	
Signature	<input type="text"/>	

do not write below this line

To be completed by the registrar	date the form was received _____
	the form is an attachment to the document number _____
	signature _____ personal seal <table border="1" data-bbox="1003 319 1425 384"></table>