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	SECURITIES ACCOUNT OPENING/REOPENING/DATA CHANGING ORDER (FOR INDIVIDUALS)	Edition 2	
		Effective date: January 24, 2017	

Securities account number <i>(if any)</i>																								
Last name																								
First name																								
Patronymic																								
Citizenship						Date of birth <i>(dd/mm/yyyy)</i>																		
Personal identification document						Series Number				PPSN														
Date issued <i>(dd/mm/yyyy)</i>																								
Registered address																								
Residence address <i>(if different from the registered address)</i>																								
Phone						<i>Fax</i>						<i>Email</i>												
Servicing bank																								
Bank account number <i>(if any)</i>																								
Order to open/reopen or make changes to securities account																								
<input type="checkbox"/> Open an account <input type="checkbox"/> Reopen the account <input type="checkbox"/> Change securities account data in accordance with this order																								
This section should be filled in only in case of account reopening.																								
Securities account # at the Central Depository																								
Issuer or ISIN/SIN of securities kept on the securities account																								
Quantity of securities kept on the securities account (as specified in this order)																								
Response to inquiries and information to be delivered:		<input type="checkbox"/> In person <input type="checkbox"/> By post <input type="checkbox"/> By email to _____																						
Authorized representative		<input type="checkbox"/> Appointed <input type="checkbox"/> Not appointed																						
Authorized representative <i>(if any)</i>		Name (Name/TIN)																						
		Citizenship/ Country of registration																						
		Registered address																						
		Residence address <i>(if different from the registered address)</i>																						

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	ID/state registration certificate	Series	Number
	Date of birth/state registration (dd/mm/yyyy)		<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other
Authorized representative (person acting on behalf of the legal entity where the client is represented by a legal entity)	Name		
	Citizenship		
	Permanent (registered) address		
	Residence address (if different from the permanent address)		
	Personal identification document	Series	Number
	Date of birth (dd/mm/yyyy)		<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other
Scope of authorities	<input type="checkbox"/> Post orders <input type="checkbox"/> Sign inquiries and applications <input type="checkbox"/> Submit documents <input type="checkbox"/> Receive account statements and references <input type="checkbox"/> Other actions (please specify)		
Term of powers			
Documents attached	<input type="checkbox"/> Copy of ID <input type="checkbox"/> Power of attorney <input type="checkbox"/> Copy of passport of authorized person <input type="checkbox"/> Other documents (please specify)		
Account holder's signature	Authorized representative's signature		Seal
Date filled in			

We confirm that we don't possess any information and/or documents other than enclosed herewith which to the best of our knowledge is required for registration of this transaction. We acknowledge that we bear all risks and responsibility in relation to possession of and failure to provide such information.

We also confirm that any and all information contained in the documents enclosed herewith is accurate and true. We acknowledge that any misrepresentation or omission of material information may result in sanctions prescribed by the Republic of Armenia legislation.