

For internal use by the Bank

Client reference number: _____

Deposit/Account number: _____

BAADER

Baader Bank Aktiengesellschaft
Weihenstephaner Strasse 4
85716 Unterschleissheim
Germany
T 00800 00 222 337*
F +4989 5150 2442
service@baaderbank.de
https://www.baaderbank.de

Please return duly signed to:

Baader Bank Aktiengesellschaft
Client Service Group
Weihenstephaner Strasse 4
85716 Unterschleissheim
Germany

* Free telephone number from international and national landlines. Costs may be incurred for calls from other networks.

Representation authorisation and specimen signature

Business clients

- For the entire business relationship.
 For all portfolios under the reference number:
 For an individual deposit/account:

1. Deposit/Account holder(s)

Company name 1: _____
Company name 2: _____
Contact partner: _____

Company head office

Street/no.: _____
Additional address: _____
Postcode: _____ Place: _____
Country: _____

2. Right of disposal

According to the application decree on the German Tax Code (Abgabenordnung; AO), at least five of those authorised to represent the deposit/account must be verified. Please enter the German tax ID for the first five authorised representatives.

Item 01

Ms Mr Title: _____
Forename: _____
Surname: _____
Date of birth: _____
Nationality/Nationalities: German other
Legal status:
 Individual power of attorney (I)
 Joint power of attorney (J): _____

Street/no.: _____
Additional address: _____
Postcode: _____ Place: _____
Country: _____
Telephone: _____ Mobile: _____
TIN^{1 2}: _____
Signature _____

Item 02

Ms Mr Title: _____
Forename: _____
Surname: _____
Date of birth: _____
Nationality/Nationalities: German other
Legal status:
 Individual power of attorney (I)
 Joint power of attorney (J): _____

Street/no.: _____
Additional address: _____
Postcode: _____ Place: _____
Country: _____
Telephone: _____ Mobile: _____
TIN^{1 2}: _____
Signature _____

Item 03

Ms Mr Title: _____
Forename: _____
Surname: _____
Date of birth: _____
Nationality/Nationalities: German other
Legal status:
 Individual power of attorney (I)
 Joint power of attorney (J): _____

Street/no.: _____
Additional address: _____
Postcode: _____ Place: _____
Country: _____
Telephone: _____ Mobile: _____
TIN^{1 2}: _____
Signature _____

¹ Taxpayer Identification Number

² Since 1 January 2018 it has also been mandatory to quote the tax identification number if it has been supplied by the Federal Central Tax Office (Bundeszentralamt für Steuern; BZSt). Your eleven-digit German tax identification number (TIN) can be found for example on your income tax assessment. If you do not have the number available, you hereby instruct us to request it for you from the competent authority.

Item 04

Ms Mr Title: _____

Forename: _____

Surname: _____

Date of birth: _____

Nationality/Nationalities: German other

Legal status:

Individual power of attorney (I)

Joint power of attorney (J):

Street/no.: _____

Additional address: _____

Postcode: _____ Place: _____

Country: _____

Telephone: _____ Mobile: _____

TIN¹ 2: _____

Signature _____

Item 05

Ms Mr Title: _____

Forename: _____

Surname: _____

Date of birth: _____

Nationality/Nationalities: German other

Legal status:

Individual power of attorney (I)

Joint power of attorney (J):

Street/no.: _____

Additional address: _____

Postcode: _____ Place: _____

Country: _____

Telephone: _____ Mobile: _____

TIN¹ 2: _____

Signature _____

Item 06

Ms Mr Title: _____

Forename: _____

Surname: _____

Date of birth: _____

Nationality/Nationalities: German other

Legal status:

Individual power of attorney (I)

Joint power of attorney (J):

Street/no.: _____

Additional address: _____

Postcode: _____ Place: _____

Country: _____

Telephone: _____ Mobile: _____

TIN¹ 2: _____

Signature _____

Item 07

Ms Mr Title: _____

Forename: _____

Surname: _____

Date of birth: _____

Nationality/Nationalities: German other

Legal status:

Individual power of attorney (I)

Joint power of attorney (J):

Street/no.: _____

Additional address: _____

Postcode: _____ Place: _____

Country: _____

Telephone: _____ Mobile: _____

TIN¹ 2: _____

Signature _____

Item 08

Ms Mr Title: _____

Forename: _____

Surname: _____

Date of birth: _____

Nationality/Nationalities: German other

Legal status:

Individual power of attorney (I)

Joint power of attorney (J):

Street/no.: _____

Additional address: _____

Postcode: _____ Place: _____

Country: _____

Telephone: _____ Mobile: _____

TIN¹ 2: _____

Signature _____

Those persons who are to be granted an individual power of attorney are to be identified by "I", and those who are to be empowered jointly with another person indicated here are to be identified by "J". If a person is only authorised to represent the account holder jointly with another designated person, the number allocated to the relevant person on this specimen signature sheet is additionally to be indicated (e.g. "J with Item 01").

The bank is legally obligated to record the names and addresses of authorised representatives. Therefore, this data will be stored by the Bank.

In the case of client reference numbers – unless otherwise agreed – the representation authorisation shall apply to all existing and future deposits/accounts under the indicated client reference number.

3. Restrictions

3.1 Restriction of the power of attorney with respect to the Bank in the case of joint representation in accordance with the statutes

If, according to the commercial or partnership register, joint representation pertains for all legal representatives of the deposit/account holder, an individual power of attorney granted in this specimen signature sheet with respect to the Bank shall be restricted to transactions which are directly connected with the management of the deposit/account.

These shall include, in particular, the following:

- Disposal of prevailing credit balances (for example by means of credit transfers);
- Availment of credits granted (including issuing of guarantee orders, use of existing overdraft facilities);
- Opening of additional deposits /accounts for the deposit/account holder under the above-mentioned client reference number;
- Purchase and sale of securities and foreign currencies;
- Receipt and acknowledgement of account statements, bank statements, value instrument statements, deposit and earnings statements as well as other statements and notifications;
- Issuing of collection orders (check, direct debit, etc.).

An individual representation authorisation for all the business transactions can only be granted for legal reasons with respect to the Bank in the case of partnerships and companies limited by shares, if the partnership agreement or the statutes provide(s) provision for an individual representation authorisation for the legal representatives.

3.2 Cancellation or amendment of a representation authorisation

The deposit/account holder is to immediately inform the Bank in text form of the cancellation or amendment of a representation authorisation notified to the Bank. This duty to notify the Bank also pertains, if the representation authorisation is entered in a public register (for example in the commercial register), and the termination or amendment thereof is entered in this register.

4. Signature

Place, date: _____

Place, date: _____

x

Signature/company stamp

x

Signature/company stamp

For internal use by the Bank

Granting of the power of attorney:

- The signature of The grantor of the power of attorney was obtained in my presence.
- The person giving the power of attorney must have previously executed the signature acknowledged by me.

The authoriser was the receipt of the power of attorney

- with PostIdent procedure confirmed. The signature was verified.
- Registered letter with advice of receipt

Acknowledgement of receipt received on: _____

Legitimation of the proxies

		<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Name 01: _____	Date of birth: _____	ID number _____
Street/no.: _____	Place of birth: _____	Issued on/by _____
Date/time: _____	Nationality: _____	Valid until _____
Name 02: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 03: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 04: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 05: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 06: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 07: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____
Name 08: _____	Date of birth: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Postal
Street/no.: _____	Place of birth: _____	ID number _____
Date/time: _____	Nationality: _____	Issued on/by _____

Date _____ Signature of advisor _____