



DUTY
STANDARD
CARE

數字資產儲備行

FORM 6A – SPECIMEN SIGNATURE SHEET

For the following signatory(ies), the signer is required to present valid identification documents or submit copies thereof duly authenticated by the Compliance Officer. GRDA shall not honor any transaction made or requested by any signatory whose valid identification document has not been presented to it.

Account Name	<input type="text"/>
Fiduciary Account Number	<input type="text"/>
Effective Date	<input type="text"/>

SPECIMEN SIGNATURE
Please sign in the middle of the box by using **black or dark blue ball pen** and do not let your signature touch or overlap any lines

Full name <input type="text"/> Group (<input type="text"/>) <input type="text"/> 	Full name <input type="text"/> Group (<input type="text"/>) <input type="text"/>
Full name <input type="text"/> Group (<input type="text"/>) <input type="text"/> 	Full name <input type="text"/> Group (<input type="text"/>) <input type="text"/>

<p>Signing Instruction :</p> <p><input type="checkbox"/> Only ALL signatures shall be valid.</p> <p><input type="checkbox"/> Any ONE signature shall be valid.</p> <p><input type="checkbox"/> Any TWO signatures shall be valid.</p> <p><input type="checkbox"/> Any <input type="text"/> of Group A plus any <input type="text"/> Group B</p> <p><input type="checkbox"/> Others, please specify</p> <input type="text"/>	<p>Above is the specimen signature of the Fiduciary Account Representative, appointed by the Client as its own representative for legal duties of:</p> <p><input type="checkbox"/> Transfer funds</p> <p><input type="checkbox"/> Start relationships</p> <p><input type="checkbox"/> Change relationships</p>
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