

SIMPR MASTER ACCOUNT APPLICATION FORM

LEGAL ENTITY

Name of Entity:

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Company/Registration Number

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Address:

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.....
.....

Country

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Mailing Address

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.....
.....

Email Address

.....

Telephone Number

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AUTHORISED OFFICER

Name of Authorised Officer:

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Address:

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.....
.....

Country

.....

Mailing Address

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.....
.....

Social Security Number

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Email Address

.....

Telephone Number

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Required supporting documents:

- *Certificate of Incorporation / Registration*
- *Proof of Address of Legal Entity*
- *Authorization Letter for Authorized Officer*
- *2 Copies of Picture ID of Authorized Officer*
- *Proof of Address of Authorized Officer*

By Signing this Application Form you hereby agree that you are a fit and proper person to act on behalf of the above-named legal entity. That you are duly authorised by the legal Entity to execute this application form and to grant authorisation to the Authorized Officer named herein.

Further you, your agent(s), servant(s) or assign(s) accept and agree to operate according to the to the terms and conditions of use of the Registry System and accept any liability resulting from the breach of the terms and conditions of use of the System and/or misuse of the System by you, your agent(s) servant(s) or assign(s).

Signature of Authorizer:

Date:

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[Stamp/Seal]

Signature of Authorised Officer:

Date:

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