List of authorized signatories.

The list of authorized signatories must be completed by **domiciliary companies** and other **legal entities whose corporate documents do not provide information on their authorized signatories.** There must be given the **signatures** of all organs, agents and third parties authorized to sign with respect to UBS AG.

Contracting partner (company):

List of authorized signatories

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Last name/first name: Nationality:

Country of domicile: Signature: ✗

Date of birth: ☐☐ ☐☐ ☐☐☐☐ ☐ **Sole signing authority** ☐ **Joint signing authority**
(tick as applicable)

Signature of the contracting partner (company)

The contracting partner undertakes to inform UBS AG, of his own accord, about any changes.

Place and date:

Stamp and legally valid signature
of the contracting partner (company): ✗

Please send the duly completed and signed form to:
UBS AG
Flughofstrasse 35
CH-8152 Glattbrugg