

SIGNATORIES UPDATE—HOW TO USE THIS FORM

Use this form to register all of your trustees or directors who will represent your organisation as signatories to Stichting Oikocredit International Share Foundation (hereafter Oikocredit). Following the signatory power notes on this form, signatories are required to sign for changes in regards to the investment, such as:

- subscribing to or redeeming OISF Depository Receipts
- changes to contact details and bank account details
- future updates of signatories
- organisation related updates.

Fill in all fields and in section 4 add the signatures of the persons who are currently authorised to financially and legally represent your organisation, if they have previously registered with us as a signatory. If your organisation wishes to register more than 8 signatories, you may use the second page twice.

1. ORGANISATION DETAILS

Registered name:	<input type="text"/>		
Oikocredit contact number:	<input type="text"/> c-	Oikocredit investment number:	<input type="text"/> i-
Registered address:	<input type="text"/>		
Website:	<input type="text"/>		
<i>Oikocredit will address all correspondence for the attention of:</i>	<input type="text"/>		

2. ADMINISTRATIVE CONTACT PERSON

Fill in the details of the person who will keep correspondence with us and who we may contact in terms of enquiries about the investment or about your organisation.

Mr/Mrs/Ms/Miss/Other:	<input type="text"/>	Full name:	<input type="text"/>	
Function:	<input type="text"/>	Telephone:	<input type="text"/> +	<input type="text"/>
Email:	<input type="text"/>			

3. SIGNATORY POWER (*Please tick ONE of the options*)

- | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Only ONE signatory is required to sign | <input type="checkbox"/> ALL signatories are required to sign |
| <input type="checkbox"/> Any TWO signatories are required to sign | <input type="checkbox"/> Other. Please specify below the type of signatory power, what combinations apply among signatories in representing your organisation: |
| <input type="checkbox"/> Any signatories are required to sign (<i>fill in a no.</i>) | |

Signatory notes:

4. SIGNATORIES —AUTHORISED PERSON(S) DETAILS AND SIGNATURE SAMPLES

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

Signatory details

Title: Mr/Mrs/Ms/Miss/Dr/Other: _____

Full name: _____

Function: _____

Authorised since: _____

Authorised until: _____

Type of signatory (specify): _____

Signature: _____

5. VERIFICATION DOCUMENTS

Please provide with this form the following documents:

- A copy of your company/charity registry entry from the relevant registration body in your country, which shows the names of the current directors/trustees.
- If your organisation is not a registered company/charity, or a signatory is not a director/trustee: then please provide a copy of the resolution of the board/trustees which gives signatory power, or a copy of the letter giving power of attorney on letterheaded paper to the named person(s).
- A colour copy of an ID document (front and reverse) for each (new) signatory and new administrative contact person.

6. DECLARATION

The information contained in this form is correct to the best of our knowledge and belief and we will inform Stichting Oikocredit International Share Foundation of any change affecting the information we have given.