

Signatories for and on behalf of the Transferor Clearing Member:

We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferor Clearing Member.

Authorized Signature(s) and Company Chop	Date
(Name of Signatories: _____)	

For Office Use Only				
Received Date:	Verified by:	Approved by:	Checked by:	Effective Date:
	Date:	Date:	Date:	
For Office Use Only				