

REQUEST TO INCREASE NOP

This statement is a request by the Client to increase the maximum number of simultaneously opened derivative positions (NOP)

Client Data – holder of a securities account and cash account at Noble Securities S.A:

Client's ID at Noble Securities S.A.:													
Given name and surname / name of the Client													
PESEL no. (if none, enter date of birth) /KRS no./ number in another register)													
Number of the Client's securities and cash account			—			—							

Request Submitted	<input type="checkbox"/> in person	<input type="checkbox"/> by phone
Submitted by	<input type="checkbox"/> account holder	<input type="checkbox"/> authorised account user (special power of attorney – other than authorisation to use account)

Attorney data – if the instruction is given by an attorney:

Given name and surname of the attorney giving the instruction													
Attorney PESEL no. (if there is no PESEL – date of birth)													

Current NOP: _____

I request an increase of the maximum number of simultaneously opened derivative positions.

Requested NOP: _____

Client's signature _____

Signature

Place

Date

(In the case of legal persons or organisational units, the representative(s) must also append their name stamp)

Employee's statement: I declare that the Client/attorney has presented their original document of identity. I confirm the compliance of the Client's/attorney's data in the request with the data in the document. I confirm that the Client/attorney appended their signature in my presence (except for instructions given by phone).

Signature of an Employee of Noble Securities S.A./of an Agent of Noble Securities S.A. _____, date _____
(the Employee also appends their **name stamp**, and the Employee of a Noble Securities S.A. **Agent additionally appends the stamp of the Agent's Branch**)