NOBLE SECURITIES
DOM MAKLERSKI

CCN REQUEST

This declaration to the *Agreement for the provision of services consisting in the execution of orders for the acquisition or disposal of derivatives* concerns the **provision** to Noble Securities S.A. by the Client of information on the Client's client classification number (**CCN**; **formerly NIK**), if the Client already has a **CCN**, or the **request for assigning a CCN** and opening an individual account with the KDPW.

Instruction:

Given	☐ **in person**	☐ **by phone**
Submitted by	☐ **account holder (person opening the account)**	☐ **attorney** (a special power of attorney is required)

Client Data – holder of a securities account and cash account ("**Account**")/person opening an Account with Noble Securities S.A:

Given name and surname (name) **of the Client**	
Client PESEL no. – (if they do not have a PESEL number – date of birth), if the Client is not a natural person – KRS number (or a number in another register)	
Residential **status**	☐ **resident** ☐ **non-resident**

Attorney data – if the request is submitted by an attorney:

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

☐ I request a CCN and the opening of an individual account with Krajowy Depozyt Papierów Wartościowych S.A. ("**KDPW**"). I declare that I did not and do not have a CCN or an individual account with the KDPW.

☐ I request the opening of an individual account with the KDPW. I declare that my CCN is: _____

Notes (in particular, if the Client opens **multiple portfolios**, opens **another portfolio** or an **INTRADAY Account**)**:**

_____

_____

Client's signature _____ _____ _____
Signature Place Date

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

To be signed by an Employee of Noble Securities S.A./Noble Securities S.A. Agent _____**, 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**)

_____
Stamp of the Noble Securities S.A. Agent's