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	SECURITIES TRANSFER ORDER (FOP or DVP)	Edition 1	
		Effective date: January 24, 2017	

Basis for transfer		<input type="checkbox"/> Free of payment upon relevant arrangement (FOP transfer) <input type="checkbox"/> Delivery versus payment (DVP transfer)	
Account operator of the Account Holder transferring securities		<input type="checkbox"/> AMERIABANK CJSC <input type="checkbox"/> Other (specify) _____	
Account operator of the Account Holder receiving securities		<input type="checkbox"/> AMERIABANK CJSC <input type="checkbox"/> Other (specify) _____	
ACCOUNT HOLDER TRANSFERRING SECURITIES			
Name			
Securities account number			
ID (state registration certificate)		Series	Number
Date issued			
Status <input type="checkbox"/> Owner <input type="checkbox"/> Nominee <input type="checkbox"/> Other			
Authorized representative (please, fill in if this order is signed by an authorized representative)			
Name			
ID (state registration certificate)		Series	Number
Phone			
ACCOUNT HOLDER RECEIVING SECURITIES			
Name			
Securities account number			
ID (state registration certificate)		Series	Number
Date issued			
Status <input type="checkbox"/> Owner <input type="checkbox"/> Nominee <input type="checkbox"/> Other			
BENEFICIAL OWNER (please, fill in if securities are transferred from nominee's account)			
Name			
ID (state registration certificate)		Series	Number
SECURITIES TRANSFERRED			
Issuer			
ISIN/SIN of securities to be transferred			
Quantity of securities to be transferred	in figures		
	in words		
Face value per security	in figures		
	in words		

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Price of securities	in figures	
	in words	
Value of cash to be transferred (to be specified in case of DVP transfer)	in figures	
	in words	
Currency (to be specified in case of DVP transfer)	<input type="checkbox"/> AMD <input type="checkbox"/> Other (specify) _____	
Bank account details of the Seller (Account Holder)		
Bank account details of the Buyer (Account Holder) (to be filled in if the Buyer's account operator is the Bank)		
Value date (dd/mm/yyyy)		
Documents attached		
Notes		
Transferor validation by		
<input type="checkbox"/> Account Holder <input type="checkbox"/> Authorized representative of the Account Holder <input type="checkbox"/> Other (specify) _____	Signature	Seal
Date signed		
Validation by recipient of securities (should be filled in if the Buyer's account operator is the Bank)		
<input type="checkbox"/> Account Holder <input type="checkbox"/> Authorized representative of the Account Holder <input type="checkbox"/> Other _____	Signature	Seal
Date signed		

We confirm that we don't possess any information and/or documents other than enclosed herewith which to the best of our knowledge is required for registration of this transaction. We acknowledge that we bear all risks and responsibility in relation to possession of and failure to provide such information.

We also confirm that any and all information contained in the documents enclosed herewith is accurate and true. We acknowledge that any misrepresentation or omission of material information may result in sanctions prescribed by the Republic of Armenia legislation.