

**Securities Blocking/Encumbrance Order**

Order issued by	Order ref. #	Date issued dd/mm/yyyy									
Name											
ID (state registration certificate)		Series (if any)		Number							
Issued/registered by				Date issued/registered (dd/mm/yyyy)							
Status	<input type="checkbox"/> Free <input type="checkbox"/> Encumbered with pledge <input type="checkbox"/> Blocked <input type="checkbox"/> Encumbered and blocked										
Transferor's securities account #											
Transferor's securities subaccount # (to be completed by the responsible employee)											
Securities to be blocked/encumbered											
Issuer of securities											
Securities	Class										
	Registration number (if any)										
	International Securities Identification Number (ISIN) (if any)										
Quantity of securities	in figures										
	in words										
Certificates: <input type="checkbox"/> N/a <input type="checkbox"/> Yes (please enclose and specify the details)	Series		Number		Quantity						
	Series		Number		Quantity						
Reasons for blocking/encumbrance and details of supporting documents											
Pledgee (please, fill in if the securities are blocked due to pledge)											
Name											
ID (state registration certificate)		Series (if any)		Number							
Issued/registered by				Date issued/registered (dd/mm/yyyy)							
Full name of the authorized representative											
Pledgee's or authorized representative's signature	Please sign below						Seal (for legal entities)				
Reasons for release of securities											
<input type="checkbox"/> Pledgee's order to terminate blocking/encumbrance of securities (please, complete in case of pledge)											
<input type="checkbox"/> Blocking/encumbrance period has expired (specify the date of release of securities or the fact or circumstances defined as precondition for termination of blocking/encumbrance)											
<input type="checkbox"/> Other (specify)											

This order is signed by <input type="checkbox"/> Client <input type="checkbox"/> Authorized representative of the Client	Please sign below			Seal (for legal entities)	
Details of the signatory					
Name					
ID (state registration certificate)		Series (if any)		Number	
Issued/registered by			Date issued/registered (dd/mm/yyyy)		
Full name of the signing officer (<i>for legal entities</i>)					
Name					Seal
Last name, first name					
Position					
Signature					
Date (dd/mm/yyyy)					

Order accepted by (full name): _____	Accepted on dd/mm/yyyy _____
Notes: __ _____	