



18 Lafayette Place
Woodmere, NY 11598
(212) 828-8436 Main
(646) 536-3179 Fax

Issuance Instruction Form - DWAC

Company Name:

Class of stock to be issued: Cusip #:

Shareholders Name:

Tax ID or SSN Number:

Email: Phone number:

Issuance Reason:

new stock purchase (NSP), services rendered (SR), employee plan (EP), security conversion (SC), other (O)

Issuance Date

Cost Per Share

Total Number of Shares*

*All DWAC issuance requests must be accompanied by a legal opinion.

Name of Brokerage Firm:

DTC Participant Number:

Account Holder Name:

Account Number:

Authorizing Signatory: Name:

Capacity:

I, the undersigned, qualified officer of the above named company, do hereby certify that the above referenced issuance is authorized by the Board of Directors of the Company. I also certify that the said authorization has not been in any way rescinded, annulled, or revoked, but the same is still in full force and effect.

Signature:

Date: mm/dd/yy

SUBMIT FORM