

	PAGE		OF
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Last Name or Name of Company:	Given Names	Time
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Permanent Address	
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Contact (Tel.)	(h):	(w):	(c):	(fax):	(Email):
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CLIENT ORDER REQUEST

Date	Order Type <i>(BUY or SELL)</i>	Stock	Quantity	Price			Client Initials	Special Instructions/ Comments
				Maximum	Minimum	Mkt		

I / WE request that the above order be executed on my/our behalf:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Customer Name(s) (PLEASE PRINT)</td> <td style="width: 70%;"></td> </tr> <tr> <td>Customer Signature (s)</td> <td></td> </tr> </table>	Customer Name(s) (PLEASE PRINT)		Customer Signature (s)	
Customer Name(s) (PLEASE PRINT)					
Customer Signature (s)					

Signia Representative's Name (PLEASE PRINT)	Signia Representative's Signature
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FOR OFFICIAL USE ONLY	Order Received via: (Tick Appropriate Box) <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email
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Reference #:	BCSD#	Payment Amount \$:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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