**SCMA-BALTIC ESCROW SERVICE REFERRAL**

|  |  |
| --- | --- |
| **DETAILS OF ENTITY IN TRANSACTION** | |
| Name of Entity: |  |
| Contact Details of Entity: |  |
| **DETAILS OF ENTITY’S LEGAL REPRESENTATIVE (IF ANY)** | |
| Name of Law Firm(s): |  |
| Contact Details of Legal Representative(s)  (Please include name of law firm(s), mailing address(es), names of counsel(s) and email address(es) of counsel(s)): |  |
| Is the law firm a corporate member of the SCMA or the counsel(s), individual member(s) of the SCMA? | Choose an item.  Type of Membership: Choose an item. |
| **DETAILS OF TRANSACTION** | |
| Type of Escrow Service Sought: | Choose an item.  If others, please specify: Click or tap here to enter text. |
| Is a Baltic Exchange Panellist Broker involved? | Choose an item. |

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Signature on behalf of Entity in Transaction

Date: Click or tap to enter a date.