

## 1 DETAILS ACCOUNT HOLDER

Faxtor investment account number (if known)

Name

Initial(s)

male  female

Date of birth

Address (street and house number)

Postal code and city

Telephone number

Nationality

Type of identification

Identification number

Social security number:

Email address

A full address needs to be inserted and not a P.O. Box address

Please include a certified copy of a valid driving license or passport with your original signature affixed to the copy.

In the event that the account holder is a company, the following needs to be completed:

Company name

Address (street and house number)

Postal code and city

Telephone number

A full address needs to be inserted and not a P.O. Box address

An original extract from the trade register of the Chamber of Commerce should be included to this form.

In the event that the account holder is a company, the details regarding the authorised signatory on the bank account need to be completed hereunder.

## 2 DETAILS SECOND ACCOUNT HOLDER (please complete in case of an 'and/or account')

Name

Initial(s)

male  female

Date of birth

Nationality

Type of identification

Identification number

Social security number

The address of the first account holder is applicable as postal address.

Please include a certified copy of a valid driving license or passport with your original signature affixed to the copy.



## 6 DETERMINATION OF IDENTITY ACCOUNT HOLDER(S)

The identity of the account holder(s) is in the scope of the Act on the identification with financial services ascertained by the client officer, based on the under 'details account holder' and 'details second account holder' stated type of identification, of which a copy (driving license or passport) c.q. original (certified extract from the trade register of the Chamber of Commerce) is attached.

Place

Date

Signature client officer:

## 7 SIGNATURE(S)

The undersigned hereby declare:

- That these forms have been completed truthfully and fully
- To be in agreement with the periodical purchase and sale orders (if completed)
- To have inspected the offering circular and the financial information leaflet and to be in agreement with the contents thereof.

Place

Date

Signature first account holder:

Signature second account holder:

Signature legal representative(s):

In the event that the account is in the name of a minor, this registration form also needs to be signed by his/her legal representative. A minor is a person who has not yet reached the age of 18 years, is not married and has never been married.

**A COMPLETE AND SIGNED REGISTRATION FORM TOGETHER WITH THE REQUESTED ENCLOSURES SHOULD BE SENT TO:**

Faxtor Securities  
Strawinskylaan 361  
1077 XX AMSTERDAM  
Tel.: + 31 20-3050600  
Fax: + 31 20-3050601