



ISIN application form

Please only fill out this form if neither requestor nor issuer is already a customer of VP.

We, the undersigned requestor,
representing,

Registered Company name (in full)

hereby apply for an ISIN code from VP Securities A/S.

Country of residence		
Address		

City	Post code	Country
_____	_____	_____
Tel	Fax	
_____	_____	
E-mail	SWIFT/BIC	
_____	_____	
Legal contact name		

Tel	Position	
_____	_____	

Country of operation		
Address		

City	Post code	Country
_____	_____	_____
Tel	Fax	
_____	_____	
E-mail	SWIFT/BIC	
_____	_____	

Regulatory reporting

The company is subject to the national law of this jurisdiction

Names of the regulatory authorities responsible for the company's supervision

Ownership structure

State the names of major shareholders, holding 10% or more of capital¹:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. If an individual shareholder ultimately owns more than 25% interest in the prospective customer, then that party is treated as a beneficial owner for the purpose of due diligence.

In the case of individual shareholders, please provide certified true copies and valid identification documents (passport or identity card).

Certified copies to be made by a competent authority under Danish regulation or under the national regulation of the requestors jurisdiction (example: notary, embassy, police).

Please return this form as well as the following documents to CSD@vp.dk:

The Articles of Association or appropriate substitute (both issuer and requestor)

The extract from the Company's Register (both issuer and requestor)

The company's most recent audited Annual Report, etc. (both issuer and requestor)

The banking licence(requestor)

Prospectus, legal offering document, term sheets, contract specifications or similar documents that describe the security



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Type of institution

- Legal person under public law or public corporation
- Credit or financial services institution as defined in the Second Banking and Securities Coordination Directive of EU
- Other

Authorised signatures

Issuer

Signature _____
Name _____
Date _____

Signature _____
Name _____
Date _____

Requestor

Signature _____
Name _____
Date _____

Signature _____
Name _____
Date _____