

Association pour la Garantie des Dépôts, Luxembourg (AGDL)
BP 241
L-2012 Luxembourg

**Payment request to the Guarantee on deposits
with the financial institution Glitnir Bank Luxembourg S.A.**

**To benefit from the Deposit Guarantee system, it is imperative to fill, to date, to sign and to send this form
by mail to the AGDL BP 241 L-2012 Luxembourg.**

Please read carefully the following instructions before filling in this form:

1. A **separate form** has to be filled in **for each account or sub-account** compensation is asked for.
2. Please send the form by mail to the AGDL at the above-mentioned address.
3. You may use French, English or German language to fill in the form. The form should be filled out in block letters or by typewriter.
4. The compensation will be calculated on the basis of closings off dated 8/10/2008. The **last account statement** you received before this date is **mandatory** for the calculation of the compensation. You can also add any other relevant document that you will consider necessary for determining your financial situation.
5. Answer all the questions. Answers "No", "Non Applicable", "None" are accepted. Make sure all appropriate boxes are ticked.
6. Natural persons will fill sections 1, 3, 4 and 5.
7. Corporate bodies will fill sections 2, 3, 4 and 5.
8. Questions in *italic* are optional.

1. NATURAL PERSONS

A. Information related to the applicant. If the claim concerns other account holders than the person making the claim, please make sure they sign point C of the mandate. See page 3.

Applicant = Account holder*

Applicant = Third party holder*

Occupation of the third party applicant (profession, degree of kinship):

Name, First Name:

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

Correspondence language*: French English German

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BP 241
L-2012 Luxembourg

B. Information related to all account holders. If the applicant is an account holder, please indicate his data a second time under a).

a) Name, First Name(s):

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

Correspondence Language*: French English German

b) Name, First Name(s):

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

Correspondence Language*: French English German

c) Name, First Name(s):

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

Correspondence Language*: French English German



File number
Administrator

Reserved to AGDL

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d) Name, First Name(s):

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

Correspondence Language*: French English German

In case of more than 4 account holders, please indicate their data in accordance with the above used scheme.

In the account holder(s) keep(s) an(other) account(s) with this bank, please fill out a **separate form for each of these accounts**.

C. Mandate. Name, First Name(s) and Signature of all account holders – except the applicant – requesting compensation on the basis of this claim. The signature authorises the person making this claim to act on behalf of all account holders.

Name:

First Name(s):

Signature:

a)

b)

c)

d)

Natural persons: Please refer to **Section 3**.

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2. CORPORATE BODIES

Please attach copies of the documentation on the formation of the company or the official permit, as well as copies of the last income statement and balance sheet.

A. Information related to the corporate body.

Denomination:

Exact head office address:

Postcode, City:

Country:

Legal form:

Creation date:

Trade register number:

Number:

Phone:

Fax:

E-mail:

Balance Sheet Total in EUR as of 31.12.2007:

Turnover in EUR as of 31.12.2007:

Number of employees as of 31.12.2007:

B. Information related to the applicant.

Corporate body representative (manager or other)*:

Third party applicant*:

Occupation of the third party applicant (notary, lawyer or other):

Name, First Name(s):

N° and street:

Postcode, City:

Country:

Birth date:

Private Phone Number:

Business Phone Number:

Private Fax:

Business Fax:

Mobile:

E-mail:

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4. FORMER COMPENSATION

Has a refunding already been asked and/or been executed for this account ? (By the liquidator, other system of guarantees, etc)* Yes No

If Yes, for which amount:

In which currency:

5. DATA OF THE ACCOUNT(S) TO BE CREDITED UNDER THE DEPOSIT GUARANTEE. The compensation is only credited to an account the beneficiary is holder or co-holder of.

a) Name, First Name(s) / Denomination of the holder:

Name and address of the bank:

BIC Code:

IBAN N°:

Currency:

b) Name, First Name(s) / Denomination of the holder:

Name and address of the bank:

BIC Code:

IBAN N°:

Currency:

c) Name, First Name(s) / Denomination of the holder:

Name and address of the bank:

BIC Code:

IBAN N°:

Currency:

d) Name, First Name(s) / Denomination of the holder:

Name and address of the bank:

BIC Code:

IBAN N°:

Currency:

In case of more than 4 account holders, please indicate their data in accordance with above used scheme.

I declare that the information provided in this form is complete and true.

Location and date:

Signature of the applicant: