

SHAREHOLDER DATA FORM
(Resident / Legal Entity)

1. Company name:	
2. Company Short name:	
3. Company Registered office:	
4. Company contact telephone number	
5. Company contact email address	
6. Municipality of registered office:	
7. Company registered number:	
8. Company tax number:	
9. Company Authorised proxy:	
10. Contact tel. number of authorised proxy	
11. Contact email of authorised proxy	
12. Company Transactional account:	
13. Deponent bank name:	

Personal Data Disclosure Declaration

I the undersigned as an authorised proxy to the Shareholder hereto and by signing this Declaration hereof do hereby agree and give my consent for the Insurance MAKEDONIJA s.c Skopje – Vienna Insurance Group (Personal Data Controller) to process my personal data for the purpose of dividend payment to this Shareholder for the business year 2014.

Authorised proxy to Shareholder

(Name and Surname in full)

(Signature)

(Date)

ул. 11 Октомври бр. 25, П. фах: 27, 1000 Скопје
Република Македонија
Телефон: +389 (0)2 3115 188
Факс: +389 (0)2 3137 154
e-mail: info@insumak.mk