

SHAREHOLDER DATA FORM
(Not Resident / Legal Entity)

1. Company name:	
2. Company short name:	
3. Company Registered office:	
4. Municipality:	
5. Contact address:	
6. Company number:	
7. Contact company email address	
8. Company State of registered office	
9. Company Tax number:	
10. Company Authorised proxy:	
11. Contact address of authorised proxy:	
12. Contact number of authorised proxy:	
13. Contact email of authorised proxy:	
14. Company Transactional account:	
15. Company Deponent bank name:	
16. State of deponent bank	

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 2015.

Authorised proxy to Shareholder

(Name and Surname in full)

(Signature)

(Date)

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