SHAREHOLDER DATA FORM
(Resident / Physical Entity)

1.Name and Surname	
2.Residential address:	
3.Contact address:	
4.Contact telephone number	
5.Contact email	
6.Municipality of residence:	
7.Personal ID:	
8.ID Card number:	
9.Authority issuing ID Card and validation period	
10. Transaction account:	
11. Deponent bank name:	

Personal Data Disclosure Declaration

I the undersigned and by signing this Declaration 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 for the business year 2014.

Shareholder

(Name and Surname in full)

(Signature)

(Date)