

**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 2014.

Authorised proxy to Shareholder

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(Name and Surname in full)

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(Signature)

-----  
(Date)

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