

Securities code (ISIN) application form
debt securities

To be completed by the Central Depository!										
ISIN:										
Date of ISIN allocation:										

1. Issuer data:

- 1/a. Type: state central bank municipality
 credit institution mortgage bank
 other business organization with legal entity or the subsidiary of foreign business organization with legal entity
 international organization or foreign organization entitled to issue bonds under its own law
 organization entitled to issue debt securities in separate law
 other:¹

1/b. Official full name: _____

1/c. Short name: _____

1/d. Seat (zip code, city, street, house number):

1/e. Tax number:

1/f. Trade registry number: - -

1/g. MNB sector code:

2. Securities series data:

2/a. Name: _____

2/b. Form of instrument: physical dematerialized

2/c. Method of issue public private

2/d. Date of issue (year, month, day):

2/e. Currency:

2/f. Face value:

2/g. Total face value of issued securities series:

2/h. Maturity: definite indefinite

2/i. Maturity date:

- 2/j. Type:
- | | | |
|---|---|--|
| <input type="checkbox"/> government bond | <input type="checkbox"/> discount Treasury bill | <input type="checkbox"/> Central Bank bond |
| <input type="checkbox"/> bond with subscription right | <input type="checkbox"/> convertible bond | <input type="checkbox"/> mortgage bond |
| <input type="checkbox"/> interest bearing treasury bill | <input type="checkbox"/> Treasury bond | <input type="checkbox"/> bond |
| <input type="checkbox"/> Treasury saving bill | <input type="checkbox"/> certificate of deposit | <input type="checkbox"/> other |

Applicant data:

Applicant name: _____

Mailing address, e-mail address, phone number: _____

Please issue the invoice on the ISIN administration fee to the following name: _____

Please send the invoice electronically to the below e-mail address or mail the paper invoice to the following mailing address:

Please send confirmation of the ISIN application to the following e-mail address or mailing address:

Date: _____ (year, month, day)

.....
Applicant signature

¹ Please state the issuer type if none of the issuer types listed applies.