

Securities code (ISIN) application form
for investment fund units and temporary investment fund units

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

1. Fund manager data:

1/a Official full name: _____
 1/b Short name: _____
 1/c Seat (zip code, city, street, house number)
 □□□□ _____
 1/d Tax number: □□□□□□□□ □ □□
 1/e Trade registry number: □□ - □□ - □□□□□□□□
 1/f MNB sector code: □

2. Investment fund data:

2/a Full name of the fund: _____
 2/b Form of operation: public private
 2/c Category: open-end closed-end
 2/d Type based on primary asset category: : securities fund real estate fund
 venture capital fund private capital fund
 2/e End of fund maturity (year, month, day): □ □ □ □ □ □ □ □ □ □

3. Sub-fund data:

3/a Full name of the sub-fund: _____
 3/b Form of operation: public private
 3/c End of sub-fund maturity (year, month, day): □ □ □ □ □ □ □ □

4. Investment fund unit data:

4/a Name: _____
 4/b Form of instrument: physical dematerialized
 4/c Method of issue: public private
 4/d Date of issue (year, month, day): □ □ □ □ □ □ □ □
 4/e Currency: □ □ □
 4/f Face value: □ □ □ . □ □ □ □ . □ □ □ □ □ □ □ □ □ □
 4/g Total face value of issued securities series: □ □ □ . □ □ □ □ . □ □ □ □ □ □ □ □ □ □
 4/h Maturity: definite indefinite
 4/i Maturity date: □ □ □ □ □ □ □ □

5. Temporary investment fund unit:

5/a. Capital contribution made (percent or at face value):
 □ □ % or □ □ □ □ . □ □ □ □ □ □ □ □ □ □ □ □ □ □
 5/b. Deadline to meet payment obligation: □ □ □ □ □ □ □ □
 5/c. ISIN applied for the final investment fund unit series: HU □ □ □ □ □ □ □ □ □ □

6. 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)

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 Applicant signature