

REPLY SLIP

/We the	undersigned, acting as Lega	l Representative(s) of th	e compαny,	
•	Company name Registered office	: N°Street PO Box N° City	Post code	
•	Email address of contact per			
ompan bearer sl	y's registered office is locate nares regulations)(*):	ed in the Grand Duchy o	company is represented by bearer securities. Given that the f Luxembourg, our custodian/registrar is(by application of the	
*)The du	ıly completed form must be ac	ccompanied by:		
i	a) A supporting document, such as a copy of the minutes of the extraordinary general meeting of the company identifying the custodian/registrar designated by the company, or a copy of the relevant extract from Mémorial C identifying the custodian/registrar designated by the company.			
	b) A structure chart copy / bearer share register copy dated and signed documenting all the bearer shareholders of the company as well as the registered share register copy, if the company is only partially represented by bearer shares.			
	by certify that the capital o ed office is not in Luxembourg		company is represented by bearer securities, and that our	
**)The duly completed form must be accompanied by:				
A structure chart copy /bearer share register copy dated and signed documenting all the bearer shareholders of the company as well as the registered share register copy, if the company is only partially represented by bearer shares.				
□ hereb	y certify that the capital of th	he above-mentioned cor	npany is not represented anymore by bearer securities (***).	
minutes	of the extraordinary dissue of bearer shares, or a co	general meeting mod	by a supporting document, such as a copy of the difying the articles of association and doing away act from Mémorial C announcing such a change in the articles of	
□ hereb	y certify that the capital of th	he above-mentioned cor	npany has never been represented by bearer securities.	
Signed ir	1		Date	
Signatur	re(s) of the Legal Representati	ive(s) pursuant to the cor	npany's statutory obligations:	
	e, First Names(s), date of birth:		Signature:	
Surname	e, First Names(s), date of birth:	:	Signature:	
Surname	e, First Names(s), date of birth:	:	Signature:	
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