

OBRAZAC 2 v.1.2.

FORM 2 v.1.2.

ZAHTEJEV ZA PRESTANAK STATUSA SAVJETNIKA¹
APPLICATION FOR TERMINATION OF AUTHORISED ADVISOR STATUS

Društvo _____ sa sjedištem u _____ ovime, sukladno Pravilniku o stjecanju statusa Savjetnika na Progress tržištu, podnosi zahtjev za prestankom statusa Savjetnika:

In accordance with the Rulebook on Acquiring the Status of Authorised Advisor for the Progress Market the company _____ with its registered office in _____ hereby submits the application for termination of its status as an Authorised Advisor:

Podaci o podnositelju zahtjeva (Applicant data)

Tvrtka

(Company name)

Sjedište i poslovna adresa

(Registered office)

Adresa za korespondenciju

(Correspondence address)

OIB

(Tax identification number)

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Telefon / Faks

(Phone / Fax)

E-mail adresa

(E-mail address)

¹ Podnositelj zahtjeva dužan je Zagrebačkoj burzi d.d. dostaviti popunjeni obrazac. Obrazac mora biti ispunjen elektronskim putem ili rukom čitkim tiskanim slovima. Svi potpisi na obrascu moraju biti izvorni. Sve informacije navedene u obrascu Zagrebačka burza d.d. će smatrati povjerljivima i neće ih objaviti osim u skladu s mjerodavnim propisima i aktima Zagrebačke burze d.d. Popunjeni obrazac zahtjeva treba dostaviti na: Zagrebačka burza d.d., Ivana Lučića 2a/22, 10000 Zagreb, s naznakom: ZAHTEJEV ZA PRESTANAK STATUSA SAVJETNIKA.

The applicant is obliged to submit to Zagreb Stock Exchange, Inc. the completed application form. The application form must be completed electronically or by hand in legible block letters. All signatures on the application form must be original. All information provided by the applicant will be treated by Zagreb Stock Exchange, Inc. as confidential and will not be published except in accordance with applicable laws and internal regulations of Zagreb Stock Exchange, Inc. The completed application form should be delivered to: Zagreb Stock Exchange, Inc., Ivana Lučića 2a/22, 10000 Zagreb, note: APPLICATION FOR TERMINATION OF AUTHORISED ADVISOR STATUS.

Podaci o osobi za kontakt (Information on contact person)

Ime i prezime

(First and Last name)

E-mail adresa

(E-mail address)

Telefon / Mobitel

(Phone / Cell phone)

Važne informacije (Important information)

Očekivani datum prestanka statusa

(Expected date of termination)

Ostale važne informacije

(Other relevant information)

Potpisom ovog zahtjeva potvrđujemo da su u njemu navedeni podaci istiniti i točni te ovlašćujemo Zagrebačku burzu d.d. da provjeri sve ovdje navedene podatke. Obvezujemo se da ćemo Zagrebačku burzu d.d. bez odgode obavijestiti ako dođe do promjena vezanih uz prije izjavljene podatke.

By signing this application we confirm that the data contained herein is true and accurate, and we authorize Zagreb Stock Exchange, Inc. to check all the data stated herein. We hereby undertake to forthwith inform Zagreb Stock Exchange, Inc. in the event of any change of the information stated herein.

Osoba ovlaštena za zastupanje, potpis i pečat (*Authorized Signatory, Signature and Stamp*)

Ime i prezime (*First and Last name*)

Datum i mjesto (*Date and place*)

Potpis i pečat (*Signature and Stamp*)

Ispunjava Zagrebačka burza d.d. (*Completed by Zagreb Stock Exchange, Inc.*)

Datum zaprimanja zahtjeva

(*Date of Receipt*)
