

Application form for a Declaration of No-Objection

for a full or partial acquisition of assets and/or liabilities of another corporation or institution by a bank with registered office in the Netherlands.

Section 3:96 (1), under c, Financial Supervision Act (Wet op het financieel toezicht)

DeNederlandscheBank

EUROSYSTEEM

This form must be used by a bank with its registered office in the Netherlands which intends to acquire the assets and/or liabilities of another corporation or institution, in full or up to a significant amount, either directly or indirectly, if the total amount of the assets or liabilities to be acquired exceeds 1% of the consolidated balance sheet total of the bank.

Expert centre market access

You must of your own volition and without delay inform De Nederlandsche Bank (DNB) of any change in circumstances that would cause you to have answered the questions below differently.

1 Bank

Name of bank	<input type="text"/>
Contact person	<input type="text"/>
Department	<input type="text"/>
Telephone number of contact person	<input type="text"/>
Fax number of contact person	<input type="text"/>
Email address of contact person	<input type="text"/>
Postal address of bank	<input type="text"/>

2 Which assets and/or liabilities do you wish to acquire?

Name of corporation or institution whose assets and/or liabilities you wish to acquire	<input type="text"/>
Short description of the assets and/or liabilities	<input type="text"/>

3 Data with respect to the one per cent criterion under Section 3:96 (1), under c, FSA:

Consolidated balance sheet total of the bank before acquisition	<input type="text"/>
Total amount of assets and/or liabilities that will be acquired	<input type="text"/>
Assets and/or liabilities to be acquired as a percentage of the consolidated balance sheet total of the bank	<input type="text"/>

4 Additional information

Please give details of reasons for acquiring the assets and liabilities of the other corporation or institution. Within the context of this application, we may ask you for additional information and documents.

5 Administrative charges

Contact information of the person to whom the invoice for handling this application should be addressed:

Name of contact person	_____
Name of legal person	_____
Postal address	_____
Email address of contact person	_____

6 Signature of authorised representative(s)

The undersigned declare(s) to have taken note of the aforementioned information about any changes in the answers to the questions asked.

The undersigned declare(s) to have filled in this questionnaire and any appendix(-ices) fully and truthfully.

Date	____	____	____	____	____	Date	____	____	____	____	____
Place	_____	_____	_____	_____	_____	Place	_____	_____	_____	_____	_____
Name	_____	_____	_____	_____	_____	Name	_____	_____	_____	_____	_____
Position	_____	_____	_____	_____	_____	Position	_____	_____	_____	_____	_____
Signature	_____	_____	_____	_____	_____	Signature	_____	_____	_____	_____	_____

For additional information on this subject, banks may contact their contact person (supervisory officer) at DNB.

Please send the completed and signed form, with any appendices, to:
De Nederlandsche Bank n.v., Expertisecentrum markttoegang, Postbus 98, 1000 AB Amsterdam.
If you have any questions, please contact DNB's Information Desk on 0800 - 020 10 68 or send an e-mail to info@dnb.nl.