

Application form for a Declaration of No-Objection or DNO

for a bank with registered office in the Netherlands to acquire or increase a qualifying holding in a non-financial institution

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

DeNederlandscheBank

EUROSYSTEEM

Please note: This form is exclusively intended for use by banks with registered office in the Netherlands for a prospective holding in case of:

Expert centre market access

- an institution, **not** being a bank, investment firm, financial institution of insurer; and
- a qualifying holding;¹ and
- the purchase price for the acquiring of the holding, or the increase of that holding, together with the purchase prices of previous acquisitions or increases, exceeds 1% of the consolidated own funds of the acquiring or increasing bank.

1 Bank

Name of bank	_____
Contact person	_____
Department	_____
Telephone number of contact person	_____ _____ _____ _____ _____
Fax number of contact person	_____ _____ _____ _____ _____
Postal address of bank	_____
Email address of contact person	_____

2 In which non-financial institution do you wish to acquire or increase a holding?

Name	_____
Address	_____

3 Data with respect to the holding

For example, percentage of the holding,	_____
the purchase price, the programme of	_____
activities of the non-financial corporation,	_____
internal decision-making and the annual	_____
report of the non-financial institution	_____

¹ A qualifying holding is understood to mean: a direct or indirect holding representing 10% or more of the institution's issued capital or the right to exercise, directly or indirectly, 10% or more of the voting rights in an institution, or the right to exercise, directly or indirectly, equivalent control of an institution. The voting rights which a party has or is deemed to have under Section 5:45, FSA are also taken into account.

4 Data with respect to the 1% criterion under Section 3:96 (1), under b, FSA

Consolidated own funds of the bank
at the time of acquisition/increase _____

Total purchase price as a percentage of
consolidated own funds of the bank _____

5 Type of DNO being applied for (please tick and complete as appropriate)

- Fixed-percentage DNO (please indicate percentage) %
- Bandwidth DNO, for the bandwidth of 10% to % (20, 33, 50 or 100%)
- Umbrella DNO for indirect qualifying holdings via the undertaking referred to under 2, as meant in Section 3:102 (3), FSA²

For your information: With a bandwidth DNO, contrary to a fixed-percentage DNO, the holding may fluctuate within the permitted bandwidth, without a new or modified DNO being required. An umbrella DNO also relates to indirect holdings, acquired or to be acquired via the institution in which the qualifying holding is envisaged.

6 Additional information

Please give details of reasons for acquiring or increasing the qualifying holding in the non-financial institution referred to under 2. _____

Within the context of this application, we may ask you for additional information and documents. _____

7 Additional questions (tick 'Yes' or 'No' as appropriate)

Is the value of the qualifying holding upon acquisition or after the increase of the qualifying holding larger than 15% of the bank's eligible capital as meant in Section 89 of Regulation (EU) No 575/2013 of the European Parliament and of the Council of 26 June 2013 (Regulation)? Yes No

Is the total value of the qualifying holdings of the bank in non-financial institutions, following the new or increased qualifying holding, larger than 60% of the bank's eligible capital as meant in Section 89 of the Regulation? Yes No

Is the qualifying holding acquired in the context of a situation as referred to in Article 91 of the Regulation? Yes No

Does the holding relate to a situation as referred to in Section 3:96(5), FSA? Yes No

² In the case of indirect holdings, DNB would like to receive an overview of these holdings

8 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	_____

9 Signature of authorised representative(s)

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. The undersigned declare(s) to have taken note of this.

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.