



4 **Signature of authorised representative(s)**

The undersigned declare(s) to have taken note of the aforementioned information about the processing of personal data in conformity with the provisions of the Wbp and the obligation to notify any changes in the answers to the questions asked.

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

Date

Date

Place

Place

Name and position

Name and position

Signature

Signature

Please send the completed and signed form, with any appendices, to:  
De Nederlandsche Bank, Expertisecentrum Markttoetreding, 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](mailto:info@dnb.nl).  
From outside the Netherlands please call +31 20 524 91 11.