

FOR INDIVIDUAL INVESTORS ONLY

FLEXMAX INVESTMENT ACCOUNT REQUEST FOR CHANGE FORM

USE THIS FORM IF you wish to make a change to your FlexMax investment account.

Please complete this form in blue or black ink using BLOCK CAPITALS, or, if using a SMART form, complete on your PC or laptop, then print.

Once completed, please **sign** and **send** with all additional information and documentation to **International Investment Platform, o.c.p., a.s., Aupark Tower, Einsteinova 24, 851 01 Bratislava, Slovakia.**

Failure to provide all relevant information and documentation may cause a delay in the processing of your request.

Please follow any instructions provided and where applicable indicate your selection by ticking the boxes or marking your choice with a cross.

CHECKLIST

If you are requesting that a change be made to your personal identification or your address details, the following respective documents must be included as part of your request for change application:

- Certified copy of the Client's **passport**
- Certified copy of a **utility bill** (or bank statement, employer's letter, national identity card, tax assessment, a letter from a public authority) verifying the Client's residential address

I/We wish to make a change to the Agreement relating to FlexMax investment account number:

("Request") addressed to **International Investment Platform, o.c.p., a.s.**, a company with its registered office at Einsteinova 24, 851 01 Bratislava, Slovakia, Company ID: 35 771 801, incorporated in the Business Register of the City Court Bratislava III, Section: Sa, Insert No.: 4532/B ("**Broker**"). Unless otherwise defined herein, capitalised terms used in this Request shall have the same meanings as those defined in the Agreement or General Terms and Conditions of International Investment Platform, o.c.p., a.s., for the provision of investment services ("**GTC**") and made part hereof.

CLIENT 1 DETAILS

1. Title:

2. Surname:

3. First name(s):

4. Date (DD-MM-YYYY) and place of birth:

5. Passport number:

6. Personal identification number, if assigned:

7. Telephone:

8. E-mail:

9. Residential address – Street, Number:

City:

Post/ZIP code:

Country:

CLIENT 2 DETAILS (if this is a joint account)

10. Title: **11. Surname:**

12. First name(s):

13. Date (DD-MM-YYYY) and place of birth:

14. Passport number:

15. Personal identification number, if assigned:

16. Telephone:

17. E-mail:

18. Residential address – Street, Number:

City:

Post/ZIP code:

Country:

Client 1 and, if applicable, Client 2 hereinafter referred to as the “**Client**”.

Please tick the appropriate box(es) to indicate the change(s) you are requesting

19. FIRST NAME(S) DETAILS

A change in the First name(s) of Client 1 to:

A change in the First name(s) of Client 2 to:

20. SURNAME DETAILS

A change in the Surname of Client 1 to:

A change in the Surname of Client 2 to:

21. PASSPORT DETAILS

A change to the Passport number of Client 1
Number of new Passport:

A change to the Passport number of Client 2
Number of new Passport:

22. TELEPHONE DETAILS

A change to the Telephone No. of Client 1
New Telephone No.:

A change to the Telephone No. of Client 2
New Telephone No.:

23. E-MAIL ADDRESS DETAILS

A change to the E-mail Address of Client 1
New E-mail Address:

A change to the E-mail Address of Client 2
New E-mail Address:

24. RESIDENTIAL ADDRESS DETAILS **A change to the Residential address of Client 1**

Details of new Residential address:

Street, Number:

City:	Post/ZIP code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>

 A change to the Residential address of Client 2

Details of new Residential address:

Street, Number:

City:	Post/ZIP code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>

25. MAILING ADDRESS DETAILS **A change to the Mailing address**

Details of new Mailing address:

Street, Number:

City:	Post/ZIP code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>

26. CONSULTANT **A change of Consultant:**

The Client hereby requests to authorise the Consultant identified in point 26 of this Request to arrange for the following transactions:

- re-allocation of their Securities by means of Instructions for Re-allocation:* Yes No
- switching of their Securities by means of Instructions for Switch:* Yes No
- investment of additional funds sent by means of Top-Up Form:* Yes No
- subscriptions from cash proceeds available on Investment Account by means of a form determined by the Broker:* Yes No

This authorization shall fully replace all previous authorizations given by the Client in relation to the Flexmax investment account No:

Details of new Consultant:

Surname:

First name(s):

Date (DD-MM-YYYY) and place of birth:

Passport number:

Personal identification number, if assigned:

Telephone:

E-mail:

Residential address – Street, Number:

City:	Post/ZIP code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company:

If the Client authorises the Consultant identified in point 26 of this Request to arrange on their behalf the transactions stated in point 26 of this Request, the Consultant is required to provide the following documents:

- Certified copy of the Consultant's passport
- Certified copy of a utility bill (or bank statement, employer's letter, national identity card, tax assessment, a letter from a public authority) verifying the Consultant's residential address

It is hereby confirmed that:

- a) the Client declares that details provided in this Request are to supersede any previously provided details;
- b) the Client declares that the bank account details provided in this Request are to supersede any previously supplied bank details; the Client hereby declares that the bank account specified below is the Client’s own and attaches proof of ownership in the form of a bank statement. The Client also acknowledges that as this bank account differs to the one stated in

- the Agreement, the Client’s signatures must be certified by an authorised person (e.g. an embassy official, a notary public or a public authority);
- c) the Client agrees to all legal relationships between the Broker and the Client that are not governed by the Request form being governed by the Agreement and the relevant provisions of GTC, Securities Act, Commercial Code and other legal regulations, respectively.

27. Date (DD-MM-YYYY):

28. Place/Country:

29. Signature of Client 1:

30. Date (DD-MM-YYYY):

31. Place/Country:

32. Signature of Client 2:

Signature of the Client(s) to be certified by an authorised person (e.g. embassy official, notary public, public authority, consultant).

CONSULTANT

33. Surname:

35. Company:

37. Place/Country:

34. First Name(s):

36. Date:

38. Signature of the Consultant: