

FOR CORPORATE OR PROFESSIONAL INVESTORS ONLY

FLEXMAX INVESTMENT ACCOUNT REQUEST FOR CHANGE FORM

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

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

If you are processing this request for change on behalf of a corporate client, the following document must be included as part of your request for change application:

- Certified copy of a **document proving the authorisation to act on behalf of the corporate client** (e.g. an extract from the commercial register/constitutive documents/resolution of the board of directors/any similar document)

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 DETAILS

1. Company name:

2. Registered address – Street, Number:

City:

Post/ZIP code:

Country:

3. Company identification number:

4. Registration – Name of registrar:

Registration number:

5. Contact person:

Title:

Surname:

First name(s):

Telephone:

E-mail:

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

6. REGISTERED ADDRESS DETAILS

A change to the Registered address of Client

Details of new Registered address:

Residential address – Street, Number:

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

7. ACCOUNT CONTACT DETAILS

A change in the Account's Contact person to:

Title: Surname:	First name(s):
<input type="text"/>	<input type="text"/>

A change in the Account's contact Telephone Number to:

A change in the Account's contact E-mail address to:

A change in the Account's contact Mailing address to:

Residential address – Street, Number:

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

8. CONSULTANT

A change of Consultant:

The Client hereby requests to authorise the Consultant identified in point 8 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 Investmnet 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):
<input type="text"/>	<input type="text"/>

Date (DD-MM-YYYY) and place of birth:	Passport number:
<input type="text"/>	<input type="text"/>

Personal identification number, if assigned:	Telephone:
<input type="text"/>	<input type="text"/>

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 8 of this Request to arrange on their behalf the transactions stated in point 8 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.

SIGNATURE OF CLIENT

Signatory 1

9. Date (DD-MM-YYYY):

10. Place/Country:

11. Surname:

12. First name(s):

13. Position:

14. Signature:

Signatory 2**

15. Date (DD-MM-YYYY):

16. Place/Country:

17. Surname:

18. First name(s):

19. Position:

20. Signature:

Each signature must be certified by a Consultant or authorised person (e.g. embassy official, notary public, public authority).

** if applicable

CONSULTANT

21. Surname:

23. Company:

25. Place/Country:

22. First Name(s):

24. Date:

26. Signature of the Consultant: