**Notification "Position in Uncovered Sovereign Credit Default Swaps”**

**General information**

|  |
| --- |
| 1. **Position holder**
 |
| * 1. First name
 |  |
| * 1. Last name
 |  |
| * 1. Full company name
 |  |
| * 1. BIC code (if the holder has one)
 |  |
| * 1. Country
 |  |
| * 1. Address
 |  |
| 1. **Contact person**
 |
| * 1. First name
 |  |
| * 1. Last name
 |  |
| * 1. Phone number
 |  |
| * 1. Fax number
 |  |
| * 1. E-mail address
 |  |
| 1. **Reporting person (if different)**
 |
| * 1. First name
 |  |
| * 1. Last name
 |  |
| * 1. Full company name
 |  |
| * 1. Country
 |  |
| * 1. Address
 |  |
| 1. **Contact person (if different)**
 |
| * 1. First name
 |  |
| * 1. Last name
 |  |
| * 1. Phone number
 |  |
| * 1. Fax number
 |  |
| * 1. E-mail address
 |  |

**Information of net short position in sovereign debt**

|  |  |
| --- | --- |
| 1. Reporting date (yyyy-mm-dd)
 |  |
| 1. Name of the issuer
 |  |
| * 1. Country code
 |  |
| * 1. Full name
 |  |
| 1. Position date (yyyy-mm-dd)
 |  |
| 1. Net short position after threshold crossing

Equivalent nominal amount |  |
| 1. Date of previous notification (yyyy-mm-dd)
 |  |
| 1. Comment
 |  |

|  |  |
| --- | --- |
| 1. Signing date
 |  |
| 1. Signature
 |  |

Please fill in the form and sign. Electronically signed notification should be sent as an e-mail attachment. Manually signed forms are expected on postal address and as a scanned document by e-mail.

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