**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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