

The Depositors' and Investors' Guarantee Fund
Borgartúni 26, 3rd. Floor
105 Reykjavík
Iceland

Place, Date

APPLICATION FOR COMPENSATION

Information on the Depositor

Name:

Date of Birth/ID number:

Address:

Postcode:

Country:

Telephonenumber:

Information on the Bank

Name:

Account Number:

Account Type:

Account Balance:

In the event that payment is remitted from the The Depositors' and Investors' Guarantee Fund, I am aware that according to Article 10, paragraph 3, of Act No. 98/1999 on Deposit Guarantees and Investor-Compensation Scheme, my claim against the bank or bankruptcy estate concerned will be taken over by the Fund. By accepting compensation from the Fund, I therefore assign my claim against the bank or bankruptcy estate concerned to the Fund in respect of the amount compensated.

Date and Signature