

Claim to Rel	lief from Danish Di	vidend Tax		
	In my capacity as	beneficial owner	On behalf o	f the beneficial owner
	Claim is made for refu	nd of Danish dividend t	ax, in total DKK:	
Beneficial Owner	Full name			
	Full address			
	E-mail			
	Signature Beneficial owner/applicant			
	If the claim is made on behalf of the beneficial owner the applicant's power of attorney shall be enclosed			
	As documentation is enclosed dividend advice(s), number:			
	(This documentation is obligatory)			
Financial institution	The amount is requested to be paid to:  Name and address			
	Reg. no	Account no		
	SWIFT	BLZ		IBAN
Certification of the competent authority	It is hereby certified that the beneficial owner is covered by the Double Taxation Convention concluded between Denmark and			
		••••	Date	Official stamp and signature
	When signed to be forwarded to:		Skattecenter Postboks 60	Høje-Taastrup

DK-2630 Taastrup