SEB

Data request

Form to be submitted to

Skandinaviska Enskilda Banken AB (publ) Singapore Branch
Data Agent for Skandinaviska Enskilda Banken SA Singapore Branch
50 Collyer Quay #12-03, OUE Bayfront
Singapore 049321

1. Requestor

1. First name

Last name

Date of birth

Nationality

Residence address *(This is the address where I am residing, and cannot be an office, c/o or P.O. Box address)*

Postal code

City

Country

E-mail address

Representative, if any (first name, name, nationality and address)
(Please provide power of attorney in original)

2. Quality of requestor

☐ Account holder   ☐ Heir   ☐ Other authorised person

(For other requestors than the Account Holder, please provide appropriate documentation to show authority to obtain the requested information.)

3. Account

Account(s) number(s)

4. Type of request(s)

☐ Securities sale / purchase / holding *(please indicate the type(s) of securities and the date of sale/purchase or the holding period)*

☐ Portfolio statements *(please indicate the date or the period)*

☐ Account statements / Cash Statements / Withdrawals *(please indicate please indicate the types(s) of reporting and the date or the period)*

☐ Transactions such as Foreign Exchange, Interest Rates Swaps, Derivative products *(please indicate the types(s) of transaction, the date or the period)*

Postal / Visiting address: 50 Collyer Quay #12-03 OUE Bayfront, Singapore 049321
Telephone: +65 6223 5644 (*General*) +65 6357 0895 (*Private Banking*)
Fax: +65 6634 3379 (General) +65 6634 3382 (Private Banking)
Skandinaviska Enskilda Banken AB (publ), Singapore Branch. Registered office: Singapore. Incorporated in Sweden.
Singapore Registration Number: S88FC3906E. GST Registration Number: M2-0080896-7.

sebgroup.com   1(2)

☐ Other request *(please indicate the nature of your request and the applicable period)*

_____

_____

_____

Means of Communication

I hereby request that communication in response to this Request shall be provided to me in accordance with: *(Kindly select one of the options below)*

If no specific choice has been indicated below, I accept that communication will be sent to my residence address by ordinary regular mail.

☐ **Option 1:** Sent via ordinary mail to the following address (if different from residence address):

Address		
Postal code	City	Country

☐ **Option 2:** Provided to me via the email address indicated above.

Warning: Should the Requestor confirm and authorise the Data Agent to communicate by e-mail with him/her/it, the Requestor attention is drawn to the fact that messages and documents sent by e-mail cannot be secured, that neither the Requestor nor the Data Agent as an internet user, nor the content of any message or document, can be kept secret and also that data flows between the Requestor and the Data Agent, whether encrypted or not, may enable third parties to infer the existence of former banking relationships with former Skandinaviska Enskilda Banken S.A., Singapore Branch. Consequently, the Requestor shall assume all the risks and bear alone the consequences of such use by e- mail.

CONFIRMATION, AUTHORISATION AND RELEASE FROM BANKING SECRECY AND OTHER NON-DISCLOSURE OBLIGATIONS.

The Requestor hereby expressly confirms that the Data Agent as appointed from time to time, at present Skandinaviska Enskilda Banken AB (publ) Singapore Branch, is authorised to contact Skandinaviska Enskilda Banken S.A., Luxembourg ("SEB Luxembourg" or the "Bank") and inform the Bank about the above request(s).

The Requestor hereby expressly authorises the Data Agent to communicate without restriction the Requestor's personal data and any other personal data related to persons encompassed by the request(s), including in particular complete name an address of such persons, to SEB Luxembourg and confirms that he/she/it has the authority to issue such authorisation. The Requestor also expressly authorises the Data Agent to provide SEB Luxembourg, if requested by the Bank, with copies of all information encompassed by the request(s).

The Requestor agrees that its signature(s) below shall constitute its written permission for such transfer and disclosure for the purposes of Section 47 of the Singapore Banking Act (Cap. 19), the Singapore Personal Data Protection Act 2012, any other applicable laws and any contract or arrangement between Data Agent and the undersigned.

Signature

Place, date   *Signature(s)*

_____   _____