

Form to be submitted to

KPMG SA, Geneva
 Data Agent for Skandinaviska Enskilda Banken SA, Luxembourg
 Rue de Lyon 111
 PO Box 347
 CH-1211 Geneva 13, Switzerland

1. Requestor		
1. First name		Last name
Date of birth		Nationality
Residence address <i>(This is the address where I am residing, and cannot be an office, c/o or P.O. Box address)</i>		
Postal code	City	Country
E-mail address		
Representative, if any (first name, name, nationality and address) <i>(Please provide power of attorney in original)</i>		

2. Quality of requestor		
<input type="checkbox"/> Account holder <input type="checkbox"/> Heir <input type="checkbox"/> Other authorised person		
<i>(For other requestors than the Account Holder, please provide appropriate documentation to show authority to obtain the requested information.)</i>		

3. Account		
Account(s) number(s)		

4. Type of request(s)		
<input type="checkbox"/> Securities sale / purchase / holding <i>(please indicate the type(s) of securities and the date of sale/purchase or the holding period)</i>		
<input type="checkbox"/> Portfolio statements <i>(please indicate the date or the period)</i>		
<input type="checkbox"/> Account statements / Cash Statements / Withdrawals <i>(please indicate please indicate the types(s) of reporting and the date or the period)</i>		
<input type="checkbox"/> Transactions such as Foreign Exchange, Interest Rates Swaps, Derivative products <i>(please indicate the types(s) of transaction, the date or the period)</i>		

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., Luxembourg, Geneva 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 KPMG S.A., Geneva, 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 and 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 hereby expressly releases and discharges the Data Agent from its obligations under the Swiss Banking Act (professional secrecy) and any other contractual or legal provision that would prevent the Data Agent from disclosing the information encompassed by the request(s), e.g. but not limited to such obligations pursuant to art. 28 Swiss Civil Code and/or art. 394 et seq. Swiss Code of Obligations and/or the Swiss Data Protection Act.

Signature

Place, date	Signature(s)
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