

FAX to:
Garantum Fondkommission AB
+46 8 522 550 99
 or E-MAIL to:
secondarymarket@garantum.se

SELLER	Name (surname, first name) Company (full name)		Personal identification registration number	
	Address (street name, box number or suchlike)		E-mail	
	Postcode	Postal district	Country	
PLEASE SELL	PLEASE SELL BELOW SECURITIES:			
	Security	ISIN-code	Nominal amount Quantity	
PLEASE PAY TO	Custodian bank		Custody account no bank account	
SIGNATURE	Date	Signature	Clarification of signature	