



Application form for authorisation

for a branch in the Netherlands of a bank with registered office outside the EEA which also provides investment services

Section 2:20 in conjunction with Section 2:21 and Section 2:22, Financial Supervision Act (FSA) (Wet op het financial toezicht /Wft)

De Nederlandsche Bank (DNB) will record the data supplied on the basis of this application form in a personal data processing system within the meaning of the Personal Data Protection Act (Wet bescherming persoonsgegevens/Wbp). The Dutch Data Protection Authority (College Bescherming Persoonsgegevens) has been notified of the processing of personal data. The notification form is available for inspection at DNB.

We always exercise due care in handling your data. We may exchange your data with third parties only if it is permitted by law, for example, with supervisors and criminal authorities in the Netherlands or abroad.

You must of your own volition and without delay inform DNB of any change in circumstances that would cause you to have answered the questions below differently.

Please indicate on the form which documents you are adding to it by ticking the boxes against the relevant questions.

1	Data as referred to in Section 10(1), under a, FSA Decree on Market Access of Financial Corporations			
	Name of bank			
	Address of bank			
	Postal address of bank			
	Telephone number			
	Fax number			
2 Data as referred to in Section 10(1), under b, FSA Decree on Market Access of Financial Corporations Legal form of bank				
3	Data as referred to in Section 10(1), under c, FSA Decree on Market Access of Financial Corporations			
	Name of bank according to articles of association			
	Registered office of bank			
	Trading name(s) of bank			
4	Data as referred to in Section 10(1), under d, FSA Decree on Market Access of Financial Corporations			
	Registration number in the Trade Register of the Chamber of Commerce			
5	Data as referred to in Section 10(1), under e, FSA Decree on Market Access of Financial Corporations			
	Address of branch			
	Postal address of branch			
	Telephone number of branch			
	Fax number of branch			

6	Data as referred to in Section 10(1), under f, FSA Decree on Market Access of Financial Corporations A certified copy of the bank's articles of association*				
	attached as appendix A				
7	Data as referred to in Section 10(1), under g, FSA Decree on Market Access of Financial Corporations				
	A programme of activities which the bank intends to carry out from the branch				
	attached as appendix B				
3	Data as referred to in Sections 10(1), under	h and 10(1), under i, FSA Decree on Market Access of Financial Corporations			
	a Completed and signed Prospective appointment notification forms and Integrity test forms each of the persons who determine or co-determine the policy of the bank's branch (i.e. managing directors and other policy makers), to the extent applicable together with completed and signed Integrity test forms with the requested enclosures**				
	Names of persons (last name, initial(s)):				
	Number of Prospective appointment notification forms included:				
	Number of Integrity test forms included:				
	attached as appendix C1	O			
	a body within the bank's branch that is e events of the bank's branch (such as supe and signed Integrity test forms with the	intment notification forms of each of the persons who form part of entrusted with the supervision of the policies and general course of ervisory directors), to the extent applicable together with completed requested enclosures**			
	Names of persons (last name, initial(s)):				
	Number of Prospective appointment notification forms included:				
	Number of Integrity test forms included:				
	attached as appendix C2	O			
)	Data as referred to in Section 10(1), under	j, fsa Decree on Market Access of Financial Corporations			
		ure sound operations from the branch, as referred to in Section			
	attached as appendix E	0			
o	Data as referred to in Section 10(1), under	k, FSA Decree on Market Access of Financial Corporations			
•		erations to secure controlled and sound operations of the branch,			
	attached as appendix F				

^{*} If the original is unavailable in Dutch or English, a certified translation in either of these languages must also be enclosed
** The integrity test form is only applicable for persons who have not yet been tested for integrity.

You can download the integrity test forms and the prospective appointment notification form from our website (www.dnb.nl)

A description of the consolidated supervision					
attached as appendix G	0				
or not applicable					
2 Data as referred to in Section 10(1), un	der m, FSA Decree on	n Market Access of Financial Corporations			
e	· · · · · · · · · · · · · · · · · · ·	to in Section 3:53 (1 and 3), FSA, and expected FSA, and liquidity, as referred to in Section			
attached as appendix H					
Data as referred to in Section 11, under a, FSA Decree on Market Access of Financial Corporations A description of the organisation of operations as referred to in Section 4:14, FSA					
attached as appendix I					
•••••	Data as referred to in Section 11, under b, FSA Decree on Market Access of Financial Corporations A description of the measures as referred to in Section 4:87, FSA				
attached as appendix J					
Data as referred to in Section 11, under c, FSA Decree on Market Access of Financial Corporations					
A description of the intended policy as referred to in Section 4:88, FSA					
attached as appendix K					
6 Administrative charges					
Data of the person to whom the invoice concerning the handling of this application can be sent: Name of contact person					
Name of legal entity					
Postal address					
7 Signature of authorised representative	gnature of authorised representative(s)				
The undersigned declare(s) to have taken note of the aforementioned information about the processing of personal data in conformity with the provisions of the Wbp and the obligation to notify any changes in the answers to the questions asked.					
The undersigned declare(s) to have filled in this questionnaire and the appendix(-ices) fully and truthfully.					
Date		Date			
Place		Place			
Name and position		Name and position			
Signature		Signature			

Please send the completed and signed form, with any appendices, to:

De Nederlandsche Bank, Expertisecentrum Markttoetreding, Postbus 98, 1000 AB Amsterdam. If you have any questions, please contact DNB's Information Desk on 0800 - 020 10 68 or send an e-mail to info@dnb.nl. From outside the Netherlands please call +31 20 524 91 11.