

Umsókn fyrir/Application for:

AFSKRÁNING RAFRÆNNAR ÚTGÁFU /DEREGISTRATION OF SECURITIES

Requested proceeding:

Regular (5 working days)

Express (1 working day)

I. Upplýsingar um útgefanda/ Issuers data:

1. Nafn útgefanda/ Issuer's name:

2. Kennitala útgefanda/Registry code:

3. Tengiliður/Contact person (Issuer or Issuer Agent):

4. Netfang /E-mail:

5. Símanr./Phone number:

II. Upplýsingar um útgáfu / Securities data:

5. Nafn útgáfu/Name of security:

6. ISIN kóði/ISIN code:

7. Ástæða fyrir afskráningu/Reason for deregistration:

Slit/Liquidation:

Gjaldþrot/Bankruptcy:

Samruni/Merger:

Ákvörðun hluthafa/ Shareholders's decision:

Annað/Other:

Ef annað/If other explain:

AFSKRÁNING HLUTABRÉFA, FYLGIGÖGN/DEREGISTRATION OF SHARES, REQUIRED DOCUMENTS

Slit/Liquidation

- Félagsslit skv. XIII. kafla laga nr. 2/1995 um hlutafélag/ Dissolution of Company according chapter XIII of Act respecting Public Limited Companies No 2/1995. Confirmation from District Court, if applicable or copy of minutes from the General Meeting.

Gjaldþrot/Bankruptcy

- Auglýsing skiptastjóra fyrir skiptalokum/ Confirmation from Insolvency Administrator.

Samruni eða skipting/Merger or Split

- Samþykki hluthafafundar fyrir samruna eða skiptingu/ Confirmation from shareholder meeting regarding merger or split.

Ákvörðun hluthafa/Shareholder's decision

- Samþykki hluthafa (hluthafafundur eða skriflegt samþykki hluthafa)/Agreement from shareholders (Copy of General Meeting minutes or written approval from shareholders)

AFSKRÁNING HLUTDEILDARSKÍRTEINA, FYLGIGÖGN/DEREGISTRATION OF UNITS IN COLLECTIVE INVESTMENT UNDERTAKINGS, REQUIRED DOCUMENTS

Staðfesting um slit/Confirmation regarding dissolution

Staðfesting um samruna/Confirmation regarding Merger

Ákvörðun stjórnar sjóðsins eða rekstrarfélags/Confirmations from the board or the fund management company

AFSKRÁNING SKULDABRÉFA/VÍXLA/DEREGISTRATION OF BOND/BILL, REQUIRED DOCUMENTS

Samþykki eiganda/Owner's approval

Issue been paid

- Staðfesting útgefanda fyrir greiðslu/Acknowledgement of payment from issuer/Acknowledgement of payment from account operator

Útgefandi/ Issuer:

NAFN (í prenstöfum) FIRST AND LAST NAME (in capital letters)	(undirskrift/signature)	(dagsetning/date)
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