

Short Selling Regulation

Chapter 1

Commission Delegated Regulation (EU) No 826/2012



ANNEX II Format of notification form for net short positions (Article 2)

01/01/2021

Format of notification form for net short positions (Article 2)

| | | | |
|-----------------|--|-------------------------|--|
| POSITION HOLDER | First name LAST NAME Full company name | | |
| | BIC code (if the holder has one) | | |
| | Country | | |
| | Address | | |
| | Contact person | First name Last name | |
| | | Phone number | |
| | | Fax number | |
| E-mail address | | | |

| | | | |
|------------------------------------|--|-------------------------|--|
| REPORTING PERSON (if different) | First name LAST NAME Full company name | | |
| | Country | | |
| | Address | | |
| | Contact person | First name Last name | |
| | | Phone number | |
| | | Fax number | |
| | | E-mail address | |

| NET SHORT POSITION IN SHARES | |
|--|--|
| Reporting date (yyyy-mm-dd) | |
| 2. Name of the issuer | |
| ISIN code | |
| Full name | |
| Position date (yyyy-mm-dd) | |
| 4. Net short position after threshold crossing | |
| Number of equivalent shares | |
| % of issued share capital | |
| Date of previous notification (yyyy-mm-dd) | |
| Comment | |

| NET SHORT POSITION IN SOVEREIGN DEBT | |
|--|--|
| Reporting date (yyyy-mm-dd) | |
| 2. Name of the issuer | |
| Country code | |
| Full name | |
| Position date (yyyy-mm-dd) | |
| Net short position after threshold crossing Equivalent nominal amount | |
| Date of previous notification (yyyy-mm-dd) | |
| Comment | |

| POSITION IN UNCOVERED SOVEREIGN CREDIT DEFAULT SWAPS | |
|--|--|
| Reporting date (yyyy-mm-dd) | |

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| | |
|--|--|
| 2. Name of the issuer | |
| Country code | |
| Full name | |
| Position date (yyyy-mm-dd) | |
| Net short position after threshold crossing Equivalent nominal amount | |
| Date of previous notification (yyyy-mm-dd) | |
| Comment | |