

REQUEST FOR DATA CHALLENGE OF LEI (fund)

FUND DATA:
<p><u>FUND DATA (mandatory data)</u></p> <p>LEI:</p> <p>Legal Name:</p> <p><u>FUND DATA (fulfill only those that are subject to data challenge)</u></p> <p>Legal Name:</p> <p>Other Entity Name:</p> <p>Business Register Number:</p> <p>Legal Address:</p> <p><input type="checkbox"/> Street and House Number:</p> <p><input type="checkbox"/> City: <input type="checkbox"/> ZIP:</p> <p><input type="checkbox"/> Country:</p> <p>Headquarters Address:</p> <p><input type="checkbox"/> Street and House Number:</p> <p><input type="checkbox"/> City: <input type="checkbox"/> ZIP:</p> <p><input type="checkbox"/> Country:</p> <p>Other Address:</p> <p><input type="checkbox"/> Street and House Number:</p> <p><input type="checkbox"/> City: <input type="checkbox"/> ZIP:</p> <p><input type="checkbox"/> Country:</p> <p>Business Register Data (Name and Country):</p> <p>Legal Form:</p> <p>LEI/Name of the Umbrella Fund:</p> <p>Data on eventual expiration of the legal entity:</p> <p><input type="checkbox"/> Expiration Date: <input type="checkbox"/> LEI of Successor Entity:</p> <p><input type="checkbox"/> Expiration Reason:</p>
CONTACT PERSON DATA:
<p><input type="checkbox"/> Name and Surname:</p> <p><input type="checkbox"/> Phone Number: <input type="checkbox"/> e-mail:</p> <p><input type="checkbox"/> Street and House Number:</p> <p><input type="checkbox"/> City: <input type="checkbox"/> ZIP:</p> <p><input type="checkbox"/> Country:</p>
<p><i>The request should be sent to: KDD d.d., Tivolska 48, 1000 Ljubljana, or kddlei@kdd.si</i></p> <p><i>Date:</i> <i>Signature of the contact person:</i></p>