**ADMINISTRATIVE COMMITTEE**

**OF THE INVESTOR COMPENSATION FUND**

**Diagorou 19, 1097 Nicosia**

**Tel.: 22506600, Fax: 22506700**

**E-mail:** [**tae@cysec.gov.cy**](mailto:tae@cysec.gov.cy)**,** [**http://www.cysec.gov.cy**](http://www.cysec.gov.cy)

**APPLICATION FOR APPOINTMENT OF AN AUTHORISED REPRESENTATIVE**

The member of the Investor Compensation Fund (the «Fund»)

……………………………………………………………………………………………………,

with licence number ………...…………………………………………………………..………., hereby appoints, pursuant to the provisions of paragraph 45(2) of Directive DI87-07 for the Operation of the Investor Compensation Fund, Mr/Ms

………………………………………………………………………………………...………….

as its authorised representative at the General Meeting of the Fund, which will be held on ………………………….. or at any postponement of it.

Information about Authorised Representative:

Number of identity card / passport

……………………………………………

Email address

……………………………………………

Telephone number

……………………………………………

Seal/ Signature of member Application Date

…………………………………………....... ………………………………………………