**ADMINISTRATIVE COMMITTEE**

**INVESTOR COMPENSATION FUND OF CLIENTS OF IFs**

**Diagorou 27, 1097 Nicosia**

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

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**APPLICATION FOR APPOINTMENT OF AN AUTHORISED REPRESENTATIVE**

The member of the Investor Compensation Fund for IFs’ Clients

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

with license number ………...…………………………………………………………., hereby appoints, pursuant to the provisions of paragraph 8 of Directive DI144-2007-09 on the General Meeting of the members of the IFC for Clients of IFs, Mr/Ms …………………………………………………………………………………………………….

as its authorised representative at the extraordinary General Meeting of the Fund, which will be held on 21 April 2016 or at any postponement of it.

Information about authorised representative:

Number of identity card / passport

……………………………………………

Electronic address

……………………………………………

Telephone and facsimile

……………………………………………

Seal/ Signature of member Application Date

(Seal)

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

Date of receipt of this Form from the Administrative Committee ……………......……………...