

Letter of Request to Clearstream Banking for Reclaim of Bulgarian Withholding Tax

Clearstream Banking SA
Attn: OTL - Tax Services
42, avenue J.F. Kennedy
L-1855 Luxembourg
Luxembourg

Clearstream Banking S.A. (CBL) account: _____ (the "Account")

Dear Sir/Madam,

We refer to the following income payment on the following security:

Type of security: _____
Issuer of the security: _____
Security code (ISIN or Common Code): _____
Income payment date: _____

Our Account with CBL was credited with the above income under deduction of the maximum standard rate of Bulgarian withholding tax, on the following quantity of securities beneficially owned by the following beneficial owner:

Name of beneficial owner: _____
Residence of beneficial owner (full address): _____
Quantity of securities: _____
Total income received, net of withholding tax: (currency) _____ (amount) _____

We hereby request that CBL to forward our application to its Bulgarian agent to be processed with the Bulgarian Tax Authorities for a refund of BGN _____ of withholding tax, to which the beneficial owner is entitled by virtue of *(please tick **one** box only)*:

- ☐ the Double Taxation Treaty between Bulgaria and _____; or
☐ Bulgarian domestic law, as a resident of an EU/EEA country.

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Letter of Request to Clearstream Banking for Reclaim of Bulgarian Withholding Tax (cont)

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Please credit the refunded withholding tax to the above CBL Account, with reference _____, upon receipt from the Bulgarian Tax Authorities.

Request for CBL credit advice *(please tick the box if appropriate):*

☐ We hereby request that CBL issues a credit advice reflecting our entire holding on the Account and the tax withheld at the maximum rate for the above-mentioned income payment.

We hereby authorise and instruct Clearstream Banking to attach such credit advice to the above reclaim request, which will be forwarded to the Bulgarian Tax Authorities.

We further acknowledge and agree that a fee will be charged by CBL to our Account according to the stipulations of the appropriate CBL Fee Schedule.

Yours faithfully,

Name of Clearstream Banking customer: _____

Address: _____

Authorised signatures:

Authorised Signature

Authorised Signature

Name

Name

Title

Title

Place

Date