

The Depositors' and Investors' Guarantee Fund  
Kalkofnsvegur 1  
150 Reykjavík  
Iceland

Musterhausen, 31.10.2008

## **APPLICATION FOR COMPENSATION**

### **Information on the Depositor**

Name: **Mustermann, Max**  
Date of Birth/ID number: **01.01.2000, ID Nummer siehe Seite 2**  
Address: **Musterstraße 100**  
Postcode: **50000 Musterhausen**  
Country: **Germany**  
Telephonenumber: **+49 123 456789**

### **Information on the Bank**

Name: **Kaupthing Bank hf., Germany**  
Account Number: **1234567**  
Account Type: **Tagesgeld = current account / Festgeld = fixed rate saver**  
Account Balance: **5000 €**

In the event that payment is remitted from the The Depositors' and Investors' Guarantee Fund, I am aware that according to Article 10, paragraph 3, of Act No. 98/1999 on Deposit Guarantees and Investor-Compensation Scheme, my claim against the bank or bankruptcy estate concerned will be taken over by the Fund. By accepting compensation from the Fund, I therefore assign my claim against the bank or bankruptcy estate concerned to the Fund in respect of the amount compensated.

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31.10.2008, Max Mustermann

