

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.

31.10.2008, Max Mustermann

