

k · · · · · 7 Dividend Tax

Include only one company on each form



1. Source of dividends

Company name:

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2. Beneficial owner

In my capacity as beneficial owner

On behalf of the beneficial owner

Full name:

Street name and number:

Post code, town and country:

E-mail:

Phone no.:

Signature

Beneficial owner/applicant

Signature

PLEASE NOTE!

All applications must be accompanied by supporting documents detailing the dividends.

If the claim is made on behalf of a beneficial owner, please also enclose the applicant's power of attorney.

Total reimbursement requested:

DKK

NOK

3. Financial institution

The amount is requested to be paid to:

Name of institution:

Name of the account holder:

Reg. no:

Account no:

SWIFT:

IBAN:

Payment reference for the transfer, if needed:

4. Certification of the competent authority

It is hereby certified that the beneficial owner is covered by the Double Taxation Convention between the 7 @

and _____

Place

Date

Official stamp and signature

Sign and send to:

TAKS,
Skálatrøð 20,
Postrúm 2151,
FO-110 Tórshavn
Faroe Islands