



**To the Administrative Committee
Investors Compensation Fund of clients of CIF**

Declaration statement of clients

Name: _____

Surname: _____

Year of birth: _____

City of residence: _____

Invested firm name : _____

KYC Documents: ID Doc Residence Doc

	Total of funds and of covered client
Deposited Amount	
Withdrawal Amount	
Profit Amount	
Loosed Amount	
Total Amount	

I confirm that the statement of eligible funds and financial instruments has been prepared in accordance with the Regulations and relevant Directives

Name

Signature:

Date: