

EVROFINANCE MOSNARBANK DEPOSITARY
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To be completed by an employee of the Depositary

<i>Incoming No.</i> _____	<i>Accepted for execution</i> _____, 20__ .
_____	<i>Signature of the employee</i> _____

To be completed by the Customer

REQUEST FOR PROVISION OF INFORMATION:

Registration No. of the order (in the Depositor's registration system): _____

Date of completing the order: _____

DATA ON THE DEPOSITOR:

Name: _____

Custody account No.: _____

TYPE OF INFORMATION

- Account statement as of _____, _____
- Report on the operation dated _____, _____
- Account statement for the period from _____, _____ to _____, _____
- Custody account section statement as of _____, _____
Section No. _____
- Business account statement as of _____, _____
name and state reg. No. of the security _____
- Other _____

_____ position

_____ signature

_____ surname and initials

Place of Seal