**Form B - for the request of registration, update or deletion on the Insider List**

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| --- |
| * + 1. **APPLICANT** |
| First Name/s and Surname |
| Position |
| Company |
| * + 1. **INSIDER** |
| First Name/s and Surname: |
| Birth surname *(if different)*: |
| Date of Birth: |
| National Identification Number *(if applicable)*: |
| Function and reason for being Insider (*describe role, function and reason for being on the Insider List):* |
| Company name and address: |
| Professional telephone number/s *(landline and mobile numbers)*: |
| Professional e-mail address: |
| Personal full home address *(street name and number; post/zip code; city; country)*: |
| Personal telephone number/s *(landline and mobile numbers)*: |
| Personal e-mail address\*\*: |
| **iii. REQUEST**  Registration  Update  Deletion |
| **Insider List *(please indicate which list or both and which part)***  DSN  DIS  Part I (Occasional Part)  Part II (Permanent Part) |
|  |
| **In case of request of registration in Part I, indicate**  Name of the deal-specific or event-based Inside Information:  ………………………………………………………………………………………………………………...Date and time *(hh:mm UTC)* when this Inside Information was identified:  ………………………………………………………………………………………………………………...  Date and time *(hh:mm UTC)* when the Insider obtained access to Inside Information:  ………………………………………………………………………………………………………………... |
| **In case of request of registration in Part II, indicate**  Date and time *(hh:mm UTC)* when the Insider was identified as Permanent  …………………………………………………………………………………………………………… |
| **In case of request of update, indicate**  Date and time (*hh:mm UTC*) of the last request of registration/update:  ……………………………………………………………………………………………………………… |
| **In case of request of deletion, indicate**  Date and time (*hh:mm UTC*) of the last request of registration/update:  ………………………………………………………………………………………………………………  Date and time (*hh:mm UTC*) when the Insider ceased to have access to Inside Information:  …………………………………………………………………………………………………………..……  Event that triggered the deletion (accidental disclosure of the Inside Information, termination of the professional/employment relationship, dissemination of the press release):  ………………………………………………………………………………………………………………….……………………….……………………….……………………….………………………………….  In case the event that led to the deletion is the dissemination to the public of a press release, also indicate date, time of the dissemination of the press release:  ………………………………………………………………………………………………………………...  ………………………………………………………………………………………………………………... |

**Applicant’s signature**

………………………..

Place

………………………..

Date and time (*hh:mm* UTC)

………………………..

\* \* \*

**Signature of the Delegated Person** **Signature of the Deputy Delegated Person *(if any)***

……………………….. ………………………..

Place

……………………….

Date and time (*hh:mm* UTC)

………………………..