|  |  |
| --- | --- |
| boulevard de Berlaimont 14 – BE-1000 Brussels  Phone +32 2 221 38 12 – fax + 32 2 221 31 04  Company number: 0203.201.340  RPM (Trade Register) Brussels  www.nbb.be | BNB EU Bil N&B Pos |
|  |  |
|  | Brussels, 14 September 2017 |
| Annex 7 to Communication NBB\_2017\_22 | |
| Form F ‘New information’ | |
|  | |

Scope

*Natural or legal persons owning a qualifying holding (qualifying shareholders) in one of the following financial institutions:*

* *credit institutions governed by Belgian law*
* *insurance companies governed by Belgian law*
* *reinsurance companies governed by Belgian law*
* *stockbroking firms governed by Belgian law*
* *financial holding companies governed by Belgian law*
* *insurance holding companies governed by Belgian law*
* *mixed financial holding companies governed by Belgian law*

1. **Contact details of the notifier**

Surname and given name of the qualifying shareholder:

Financial institution(s) of which he/she is a shareholder:

Percentage of the voting rights or of the shares in the capital held by the qualifying shareholder:

Capacity of the signatory (shareholder who is a natural person or representative of the shareholder who is a legal person):

Contact details for obtaining additional information (phone number, postal address, e-mail address, etc.):

1. **New information relating to the qualifying shareholder**

Please indicate in as much detail as possible what new information may adversely affect the ongoing prudential assessment of the legal criteria applicable to the involved qualifying shareholder (e.g. elements which can have an impact on its reputation, its financial soundness, etc.).

Please list below any annexes that you are sending with this form. Please clearly identify each annex and indicate the number of pages for each one.

Each annex should bear a specific sequential number.

**Statement of the signatory person**

‘I, the undersigned,   
(surname and given name(s) of the person involved and capacity of this person) hereby declare that I have completed this form accurately and in good faith.

I hereby undertake to inform the supervisor immediately of any changes in relation to the information I have provided.’

Date and signature