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file number								
supplement forr	n 500	/ pag	ge 11			y	ear: 2	022

Nam	e e
First	name
Nati	onal ID number
OR [Date of birth
AND	place of birth
٩nn	ual gross remuneration
Soci	al insurance contribution paid by the taxpayer
0	der (Moral person) to the page 11 of the tax return)
ting Nam	der (Moral person) to the page 11 of the tax return) e of the company or corporation
10 ting Nam	der (Moral person) to the page 11 of the tax return) e of the company or corporation
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Nam File Date Nam First	der (Moral person) to the page 11 of the tax return) e of the company or corporation no. of constitution I form e of the legal representative

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file number								
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	Please enter t	he private adress of the sha	reholder		
.230	Additional de	tail			
.210	Number				
215	Road/street				
220	Postal code				
225	Locality				
205	Country				
290	Percentage he	eld in the share capital			
295	Control type				
		Full ownership		Bare ownership	
		Usufruct		Other	
296	Please provid	e further details on control (if "other")		
	Holding perio	d			
297		From			
298		То			
350	Profit distribu	tion by the taxpayer			