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file number								
supplement forr	n 500) / pag	je 10			y.	ear: 2	2024

Name	
irst n	ame
Nation	al ID number
OR Dat	te of birth
AND p	lace of birth
Annua	gross remuneration
Social	insurance contribution paid by the taxpayer
old	ler (Moral person) the page 10 of the tax return)
nold	ler (Moral person)
nold	er (Moral person) the page 10 of the tax return) of the company or corporation
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file number								
supplement forr	n 500	/ pag	je 10			y٠	ear: 2	024

Please enter the private adre	ess of the sharehol	der		
Additional detail				
Number				
Road/street				
Postal code				
Locality				
Country				
Percentage held in the share	capital			
Control type				
Full owners	hip		Bare ownership	
Usufruct			Other	
Please provide further detail	s on control (if "ot	her")		
Holding period				
From				
То				
Profit distribution by the tax	paver			