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| **To the Administrative Committee** |
| **Investors Compensation Fund of clients of CIFs and other IFs** |
|  |
| **Statement of the eligible funds and**  |
| **financial instruments of clients of Members of the Fund**  |
|   |   |
|   |   |
| ICF Member Name: |  |
| CIF license number: |  |
| Year |  |
|   |  |
| **Month** | **Total of funds and financial instruments**  |
|  | **of covered clients in euro** |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |
| **Largest amount of the month** |  |
| I confirm that the statement of eligible funds and financial instruments has been prepared  |
| in accordance with the Regulations and relevant Directives issued by the Cyprus Securities and Exchange  |
| Commision |  |
|  |  |
| Name and Position: |  |
|  |  |
| Signature: Date:  |
|  |  |
| In case of clarifications the Administrative Committee of the Fund may contact with: |
|  |  |
|  Tel:  |
|   |   |
| **For internal use:** |   |
|   |   |
|   |   |