## Template for the insider list to be submitted by issuers of financial instruments admitted to trading on SME growth markets

Date and time (creation): [YYYY-MM-DD, HH:MM UTC (COORDINATED UNIVERSAL TIME)]

Date of transmission to the competent authority: [YYYY-MM-DD]

| First       | Surname(s)     | Birth          | Professional  | Company   | Function   | Obtained      | Ceased (the   | National      | Personal full  | Personal       |
|-------------|----------------|----------------|---------------|-----------|------------|---------------|---------------|---------------|----------------|----------------|
| name(s) of  | of the insider | surname(s)     | telephone     | name and  | and reason | (the date and | date and time | Identificatio | home           | telephone      |
| the insider |                | of the insider | number(s)     | address   | for being  | time at which | at which a    | n Number      | address        | numbers        |
|             |                | (if different) | (work direct  |           | insider    | a person      | person        | (if           | (street name;  | (home and      |
|             |                |                | telephone     |           |            | obtained      | ceased to     | applicable)   | street         | personal       |
|             |                |                | line and work |           |            | access to     | have access   | Or otherwise  | number; city;  | mobile         |
|             |                |                | mobile        |           |            | inside        | to inside     | date of birth | post/zip       | telephone      |
|             |                |                | numbers)      |           |            | information)  | information)  |               | code;          | numbers)       |
|             |                |                |               |           |            |               |               |               | country)       | (If available  |
|             |                |                |               |           |            |               |               |               | (If available  | at the time of |
|             |                |                |               |           |            |               |               |               | at the time of | the request    |
|             |                |                |               |           |            |               |               |               | the request    | by the         |
|             |                |                |               |           |            |               |               |               | by the         | competent      |
|             |                |                |               |           |            |               |               |               | competent      | authority)     |
|             |                |                |               |           |            |               |               |               | authority)     |                |
| [FIRST      | [SURNAME       | [BIRTH         | [NUMBERS      | [ADDRESS  | [DESCRIPTI | [YYYY-        | [YYYY-        | [NUMBER       | [DETAILED      | [NUMBERS       |
| NAME(S)     | (S) OF         | SURNAME        | (NO           | OF ISSUER | ON OF      | MM-DD,        | MM-DD,        | AND/OR        | PERSONAL       | (NO            |
| OF          | INSIDER]       | OF             | SPACE)]       | OR THIRD  | ROLE,      | HH:MM         | HH:MM         | TEXT OR       | ADDRESS        | SPACE)]        |
| INSIDER]    |                | INSIDER]       |               | PARTY OF  | FUNCTION   | UTC]          | UTC]          | YYYY-MM-      | OF THE         |                |
|             |                |                |               | INSIDER]  | AND        |               |               | DD FOR        | INSIDER:       |                |
|             |                |                |               |           | REASON     |               |               | THE DATE      | STREET         |                |
|             |                |                |               |           | FOR BEING  |               |               | OF BIRTH]     | NAME AND       |                |
|             |                |                |               |           | ON THIS    |               |               |               | NUMBER;        |                |
|             |                |                |               |           | LIST]      |               |               |               | CITY;          |                |
|             |                |                |               |           |            |               |               |               | POST/ZIP       |                |
|             |                |                |               |           |            |               |               |               | CODE;          |                |
|             |                |                |               |           |            |               |               |               | COUNTRY]       |                |