

Form 1 – Monthly Report UD

Monthly Report UD				
Bank name:				
Date:		Amount (€)	No. deposits	No. depositors
		A	B	C
I	TOTAL DEPOSITS			
II	Deposits of persons who are not entitled to the guaranteed deposit compensation (Article 6 paragraph 2- DPF Law)			
1	Legal persons providing insurance services			
2	State bodies and organizations, municipal bodies and organizations and/or other forms of local self-government			
3	Funds for mandatory health, pension and social insurance			
4	Voluntary pension funds and their management companies			
5	Investment funds and their management companies			
6	Banks, credit unions, microcredit financial institutions and persons performing credit and guarantee operations			
7	Persons in whose name and for whose account a bank, on their order, performs operations for which the provider of funds is a sole bearer of risk			
8	Legal persons with direct or indirect participation in the bank capital or voting rights arising from at least 5% share in the bank capital			
9	Persons who are members of the bank managing bodies and/or standing bodies of the bank management, persons responsible for daily bank operations, managers of organizational units in the bank, legal persons holding, whether directly or indirectly, at least 5% share in the bank capital or voting rights, as well as their spouses and children			
10	Persons responsible for the auditing of the bank's financial reports over the past three years before the initiation of the bankruptcy proceedings			
11	Depositors holding non-nominative deposits			
12	Holders of securities and other financial instruments issued by a bank or which payout is guaranteed by the bank			
13	Persons convicted of criminal offence constituting money laundering or terrorism financing, involving their deposits			
III	Deposits of persons entitled to the guaranteed deposit compensation (I-II)			
IIIa	Deposits of physical persons entitled to the guaranteed deposit compensation			
IIIb	Deposits of legal persons entitled to the guaranteed deposit compensation			

No. _____

Authorized person: _____

Date: _____

Signature: _____

(stamp)

