



BINDING ORDER OF GIGCZ1 BONDS

An inseparable attachment to the order is: CLIENT INFORMATION SHEET

CLIENT INFORMATION SHEET

Corporate Information

Full Name of Corporation	<input type="text"/>
Date of Incorporation	<input type="text"/>
Incorporated in (Country)	<input type="text"/>
Registration Number	<input type="text"/>
Board of Directors (Names & Titles)	<input type="text"/>

Location of Address: Registered Address (Corporation)

Full Name of Corporation	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>

Location of Address: Mailing Address (Corporation)

Full Name of Corporation	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>

Contact Information (Corporation)

Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Skype	<input type="text"/>
Website: (if applicable)	<input type="text"/>

Languages / Translator

Does the Signatory speak English?	<input type="text"/>
Languages	<input type="text"/>
If No, Name of Translator English	<input type="text"/>
Tel Number	<input type="text"/>
Email Address	<input type="text"/>
Skype	<input type="text"/>

Legal Advisor

Full Name	
Company	
Address	
City	
State	
Country	
Postal Code	
Telephone Number	
Fax Number	
Email Address	

Legal Client Account

Bank Name	
Street Address	
City	
State	
Country	
Postal Code	
Account Name	
Account Number	
Sort Code ABA No	
SWIFT Code	
Bank Officer Name	
Telephone Number	
Fax Number	

Personal Information of Officer(s) of Corporation / Passport Information

Director #1

First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Social Security Number	
Country of Citizenship	
Languages	
Passport Number	
Date of Issue	
Date of Expiry	
Issuing Authority	

Home/Legal Residence (Officer(s) of Corporation) (Please attach copy of utility bill)

Full Name of Officer	
Street Address	

City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>

A binding order

Bond issue	Face value Euro currency	Number of pieces	Total price	Bond delivery I'll pick you up in person <input type="checkbox"/> Through a courier <input type="checkbox"/>
GIGCZ1	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Note: If you order only GIGCZ1 issues, it is necessary to order at least 10 pcs according to the issue conditions

I, as the underwriter of the bond issued by the GIGCZ1 issue, declare that I have read in detail the issue conditions listed on the issuer's website gigcz.com, I fully understand the conditions and I am executing this binding order. I swear that the above information is accurate and true as of the following date:

By sending the order and its inseparable attachment, I confirm my interest in purchasing the bond (s).

For and on behalf of Name :

Authorized Signature

Print Name and Title

Date

Závazná objednávka

Dluhopis emise	Nominální hodnota Měna Euro	Počet kusů	Cena celkem	Doručení Dluhopisů Vyzvednu osobně <input type="checkbox"/> Prostřednictvím kurýra <input type="checkbox"/>
GIGCZ1	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Note: Pokud objednávejte pouze Emisy GIGCZ1 je nutné objednávat podle emisních podmínek minimálně 10Ks

Já, jako upisovatel dluhopisu vydané emise GIGCZ1, prohlašuji, že jsem se detailně seznámil s emisními podmínkami uvedenými na webové stránce emitenta gigcz.com, plně jsem podmínkám porozuměl a provádím tuto závaznou objednávku. Přísahám, že výše uvedené informace jsou k tomuto dále uvedenému datu přesné a pravdivé:

Odesláním objednávky a její neodělitelné přílohy potvrzuji závazně svůj zájem dluhopis (y) zakoupit.

Za a jménem společnosti:

Podpis oprávněné osoby.....

Napsat jméno a funkci:

Datum