

Claim for exemption/refund

Of the _____ tax at source on dividends paid by _____ subsidiaries to Swiss parent companies according to 15 § 1 of the Agreement between the Swiss Confederation and the European Community on the taxation of savings of October 26, 2004

I. Swiss company

Name of the company _____
Registered office (full address) _____
Authorized representative
Full address _____

II. _____ company distributing the dividends

Name _____
Registered office (full address) _____
Financial year _____
Distribution date _____
Number of shares _____
Total dividend amount
without tax at source _____
Amount of tax to be exempted
or refunded (____%) _____ Euro/£/other

III. Participation in the subsidiary (at least 25%)

Capital (in %) _____
Uninterrupted holding since (exact date) _____

IV. Statement by the company beneficiary of the dividends

The undersigned states:

- that the above mentioned company is resident of Switzerland in the sense of Art. ____ of the Double Taxation Treaty between Switzerland and _____ of _____ .
- that the above mentioned company isn't fiscally resident of a third country according to a double taxation treaty.
- that the above mentioned company is a joint-stock corporation and is not tax exempt.
- that information provided on this Form are true and correct.

and requires for the company the full exemption/refund* of the tax at source related to the above mentioned income for an amount of

Euro/£/other _____

Place and date _____

Signature of the authorized representative _____

* Only in case of a holding period of the shares that has lasted less than two years; in this case, there is an exemption up to the residual amount provided for in Art. 10 of the double taxation treaty and the refund of the exceeding part will be granted only when the required two years period has been reached.

V. Certification by the Swiss Cantonal Tax Authority

We certify that the above mentioned company is a resident of Switzerland in the sense of Art. 4 of the Double Taxation Treaty between Switzerland and _____ of _____ , that it is liable to income tax and that the declarations released by its authorized representative on the present Claim for the exemption/refund, to the best of our knowledge, are correct.

Place and date _____ Official stamp and signature

(A copy of the certified Form is sent by the Cantonal tax authority to the Federal Tax, Eigerstrasse 65, 3003 Bern, Main Division DAT/IFD Federal Direct Tax, Division for refund)