

Transfer application from Nasdaq First North Growth Market to Nasdaq First North Premier Growth Market

Record Id:

GENERAL COMPANY INFORMATION

Name *

Legal Company Name, if name is not the same as legal name

Legal Group Name, if the Company belongs to a group

Address 1 *

Address 2

City *

Province

Postal/Zip Code

Country * ▼

EU Home Member Country, if other than the country of the listing in the application ▼

Telephone *

Website *

Registration Number *

LEI code (Legal Identity Identifier) *

Name of the Company's News Distributor *

Listing Venue Information

Will the First North Growth Market be the Company's primary listing market? * Yes No

If no, please provide the name of the primary listing market.

On which segment of the exchange is the Company seeking to list its shares? First North Growth Market First North Premier Growth Market

In which country would the Company like for its financial instruments to be listed: * Finland (operated by Nasdaq Helsinki Oy)

Sweden (operated by Nasdaq Stockholm AB)

Iceland (operated by Nasdaq Iceland HF.) **

Denmark (operated by Nasdaq Copenhagen A/S)

Would the company like to list for its financial instruments in more than one Nordic country? * Yes No

**Does not have the First North Growth Market Status.

Contacts

Please provide contacts for the purposes of processing this form. In addition, Nasdaq recommends that you share access to this form with at least one

other company or legal representative by entering their email address on our Share Your Form page.

	Company Contact	Certified Adviser Contact	Other	Additional Certified Adviser Contact
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Firm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Billing Contacts

Please provide the Company's billing address, if the address is different than the Company Address provided above.

Check here, if billing address is the same.

Billing Address 1	<input type="text"/>
Billing Address 2	<input type="text"/>
Billing City	<input type="text"/>
Billing State/Province	<input type="text"/>
Billing Postal Code	<input type="text"/>
Billing Country	<input type="text"/>
VAT-number (EU Countries Only)	<input type="text"/>

Please provide contact information for someone within your Company's Finance department.

Billing Contact

Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>

BOARD MEMBER INFORMATION

Please provide each board member's name, date of birth, position, and time on the board. In addition, please indicate whether each board member is independent from the owner and from the company, as defined in the applicable Corporate Governance Code.

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Position</u>	<u>Time on the Board</u>	<u>Owner Independence</u>	<u>Company Independence</u>
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There are no items to display

EXECUTIVE MANAGEMENT INFORMATION

Please provide each executive management member's name, date of birth, position, time in current position, and time with the company. In addition, please indicate whether the person is employed by the company.

First Name Last Name Date of Birth Current Title/Position Years in Current Position Years in Company Employed by the Company

There are no items to display

STOCK INFORMATION

Preferred First Trading Date *

Date/Time of the issuer's request of admission to trading : * Time Zone:
 *

	Issue 1	Issue 2	Issue 3
Name i	<input type="text"/> *	<input type="text"/>	<input type="text"/>
Long Name i	<input type="text"/> *	<input type="text"/>	<input type="text"/>
Symbol (Trading Code) i	<input type="text"/> *	<input type="text"/>	<input type="text"/>
Class i	<input type="text"/> *	<input type="text"/>	<input type="text"/>
ISIN	<input type="text"/> *	<input type="text"/>	<input type="text"/>
FISN	<input type="text"/> *	<input type="text"/>	<input type="text"/>
CFI	<input type="text"/> *	<input type="text"/>	<input type="text"/>
Number of Shares	<input type="text"/> *	<input type="text"/>	<input type="text"/>
Trading Currency	<input type="text" value=""/> *	<input type="text" value=""/>	<input type="text" value=""/>

SUPPORTING DOCUMENTS AND CONFIRMATIONS

Prior to approval, Nasdaq will require the following supporting documentation. These documents should be submitted electronically.

- Certificate of Distribution Shares Form
- Copy of the Company's Information policy
- One reviewed financial report (for example a quarterly or a semi-annual report) prepared in accordance with IFRS

By checking this box, the Company hereby confirms that it applies the Corporate Governance code in the country where it is incorporated.

Select documents using the "Browse" button. To attach multiple documents, hold CTRL key while making the selection. Documents should be provided using one of the following formats: **MS Word, MS Excel, CSV, JPEG, EPS or PDF**.

i **AFFIRMATION**

Both a representative of the Company and its Certified Adviser must affirm this form. While either party may submit this form, both sections of the affirmation must be completed before the system will allow the application to be submitted.

Company Affirmation

Name *
 Title/Firm *
 Date *

Initial Here *

I have been authorized by the company and have the legal authority to apply for the listing of the instruments included above and to provide information on the company's behalf; to the best of my knowledge and belief, the information provided is true and correct as of this date; and I will promptly notify Nasdaq of any material changes. The company undertakes to comply with the Nasdaq First North Growth Market Rulebook at any point of time as of being admitted to trading by the Exchange.

Certified Adviser Affirmation

Name

*

Title/Firm

*

Date

*

I am the person indicated above with legal authority to provide information on behalf of the Company's Certified Adviser, and I hereby confirm that the Company has stated that all information provided here and in any supporting documents is accurate and gives a true and accurate view of the issuer and the instruments.

Initial Here

*

The Certified Adviser also confirms that it has taken reasonable measures to satisfy itself that the information provided by the issuer which has been submitted here and in other relevant documents is accurate and gives a true and accurate view of the issuer and the instruments.

Form Created By: on ; Form Last Updated By on , Form Owned By:

* Indicates a field required for submission.