

**Certificate of Distribution Shares**

Certificate of Distribution Shares Record Id :

**GENERAL COMPANY INFORMATION**

Company Name \*

Name of the Certified Advisor \*

- In which country is the Company listing its financial instruments: \*  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)

In order for securities to be admitted to trading on First North Growth Market, conditions for sufficient supply and demand must exist to have a well-functioning pricing of the securities.

Please provide the number of qualified shareholders.  \*

By selecting this box, the Certified Adviser is certifying that has a sufficient number of shareholders and that at least 10 percent of the share class to be admitted to trading is held by the general public and thereby fulfills the requirement of distribution.

By selecting this box, the Certified Adviser is certifying that fulfills the requirement of distribution by virtue of a Liquidity Provider. Please provide the contact information for the Liquidity Provider below.

Name of Liquidity Provider  \*

Contact Person \*

Title/Firm \*

Phone \*

Email \*

**AFFIRMATION**

**Certified Adviser Affirmation**

Name  \*

Title/Firm  \*

Date  \*

Initial Here

\*

I have been authorized by the company and have the legal authority 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.

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

\* Indicates a field required for submission.