

CYBERservices Europe S.A., en faillite

PAYMENT SERVICE USERS CLAIM REGISTRATION

If the claim registration is performed for a physical person, please complete this section:

I, the undersigned (first and last names): _____

Profession: _____

Private address:

N° _____ Street _____

Postal Code _____ City _____

Country _____

E-mail address _____

If the claim registration is performed for a company, please complete this section:

Company name: _____

Company register number: _____

Registered Address:

N° _____ Street _____

Postal Code _____ City _____

Country _____

E-mail address _____

First and last name of the signee: _____

Function of the signee: _____

E-mail address of the signee: _____

Important! A power of attorney as a proof that the signee is entitled to sign for and on behalf of the company must be attached to your claim. Failure to do so will invalidate your claim.

hereby register/s my/its ordinary claim with the bankruptcy proceedings opened over those assets that have been or should have been safeguarded by the following company in accordance with the legal requirements laid down in article 14 of the Law of 10 November 2009 on payment services

**CYBERservices Europe S.A., en faillite
8-10, rue Mathias Hardt
L-1717 Luxembourg,
RCSL: B108163**

Total amount of the claim: _____ EUR

Total amount of the claim: _____ (please specify currency)

Important! The amount must be expressed separately for any claim amount denominated in a currency other than Euro. The aforementioned claim shall include any amount due by CYBERServices Europe S.A. in relation to the execution of payment transactions as well as in relation to any reserve and/or guarantee held by CYBERServices Europe S.A. in respect of the agreement signed with CYBERServices Europe S.A. for the provision of payment services.

as a result of the payment services provided by CYBERServices Europe S.A. in accordance with the Law of 10 November 2009 on payment services according to the attached documents.

Claims must be supported by at least the following documents and information:

- a copy of the agreement² signed by both CYBERServices Europe S.A. and you for the provision of payment services;
- a proof of the total amount claimed as part of the present claim registration such as a statement provided by CYBERServices Europe S.A. as well as copies of any payment account information available;
- ID of your "Klik&Pay" account: _____ (please indicate)

Further to the closing of the bankruptcy proceedings of CYBERServices Europe S.A. any payment in relation to my claim shall be made to the following bank account:
IBAN: _____
BIC: _____
Name of bank: _____
Account holder (as registered with your bank): _____

I hereby certify that my claim is true, justified and unpaid.

Signed in _____ (city), on _____ (date)

Signature

THIS CLAIM REGISTRATION TOGETHER WITH ALL SUPPORTING DOCUMENTS MUST BE FILED BOTH BY E-MAIL AND BY POSTAL MAIL AS FOLLOWS:

1) by **E-MAIL** in **ONE SINGLE E-MAIL** to both:

- the bankruptcy receiver: csteinmetz@steinmetz-avocat.lu
- the CSSF: bankruptcyberservices@cssf.lu

2) by **POSTAL MAIL** to the following address:

Tribunal d'arrondissement de et à Luxembourg
Greffe de la 2^{ième} section
7, rue du St. Esprit
L-1475 Luxembourg

¹ Please note that further documents and/or information can be claimed at the discretion of the bankruptcy receiver

² Copies of agreements signed with companies of the group CYBERServices S.A. (such as Paymill GmbH) will not be considered as valid.