

FORM NUMBER: V.D.8-1

REPORT ON SECURITIES COMPANY MANAGEMENT

Company Name.....
Address
Date.....

No.	Place of Activity	Part of Activities in Each Location										TOTAL	Information (regarding the opening or closing date)
		Custodian Service		Book Keeping		Order and Trading		Marketing		Others			
		Y/N*)	Number of***)	Y/N	Number of***)	Y/N	Number of***)	Y/N	Number of***)	Y/N	Number of***)		
A	B	C	D	E	F	G	H	I	J	K	L	M	N
1.	Central Office Address (road, number, city, zip code, telephone number, fax number., e-mail address, website)		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 	<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Total : 	
		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge			
2.	Other Office Address (road, number, city, zip code, telephone number, fax number., e-mail address, website)		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 	<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Total : 	
		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge			
3.	Other Office Address (road, number, city, zip code, telephone number, fax number., e-mail address, website)		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 		<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Sub Total : 	<ul style="list-style-type: none"> ▪ Broker-dealer Representative : ▪ Underwriter Representative : ▪ Investment Manager Representative : ▪ Others **) : Total : 	
		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge		Name of Person in Charge			
Total****) :													

*) Y: Yes, N: No, If yes, inform the number of employee of each division
**) employee holding no profession license

ATTACHMENT

Chairman Decision

Capital Market Supervisory Agency

Number : Kep-27/PM/2000

Date : June 30, 2000

***) Employees holding more than one licensee of Securities Company Representative shall inform only one of the licenses

***) Total number of Column M

....., 20__
Company Name

Director,

.....
(Full Name)