



Important Notice
The Depository Trust Company

B #:	0790-14
Date:	May 1, 2014
To:	All Participants
Category:	Dividends
From:	International Services
Attention:	Operations, Reorg & Dividend Managers, Partners & Cashiers
Subject:	<u>Tax Relief</u> – Country: Norway Statoil A.S.A. CUSIP: 85771P102 <u>Record Date:</u> 05/19/2014 <u>Payable Date:</u> TBD <u>EDS Cut-Off:</u> 05/20/2014 at 8:00 P.M. EST

*****ONE DAY EDS WINDOW*****

Participants can use DTC's Elective Dividend System (EDS) function over the Participant Terminal System (PTS) or Tax Relief option on the Participant Browser System (PBS) web site to certify all or a portion of their position entitled to the applicable withholding tax rate. Participants are urged to consult the PTS or PBS function TAXI or TaxInfo respectively before certifying their elections over PTS or PBS.

Important: Prior to certifying tax withholding elections, participants are urged to read, understand and comply with the information in the Legal Conditions category found on TAXI or TaxInfo in PTS or PBS respectively.

Questions regarding this Important Notice may be directed to GlobeTax 212-747-9100.

Important Legal Information: *The Depository Trust Company ("DTC") does not represent or warrant the accuracy, adequacy, timeliness, completeness or fitness for any particular purpose of the information contained in this communication, which is based in part on information obtained from third parties and not independently verified by DTC and which is provided as is. The information contained in this communication is not intended to be a substitute for obtaining tax advice from an appropriate professional advisor. In providing this communication, DTC shall not be liable for (1) any loss resulting directly or indirectly from mistakes, errors, omissions, interruptions, delays or defects in such communication, unless caused directly by gross negligence or willful misconduct on the part of DTC, and (2) any special, consequential, exemplary, incidental or punitive damages.*

To ensure compliance with Internal Revenue Service Circular 230, you are hereby notified that: (a) any discussion of federal tax issues contained or referred to herein is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code; and (b) as a matter of policy, DTC does not provide tax, legal or accounting advice and accordingly, you should consult your own tax, legal and accounting advisor before engaging in any transaction.

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Non-Confidential



**PLEASE NOTE:
ONE DAY EDS WINDOW**

STATOIL A.S.A. has announced a cash dividend. Deutsche Bank acts as the Depository for the company's American Depositary Receipt ("ADR") program.

Participants can use DTC's Elective Dividend System (EDS) function over the Participant Terminal System (PTS) or TaxRelief option on the Participant Browser System (PBS) web site to certify all or a portion of their position entitled to the applicable withholding tax rate. Use of EDS will permit entitlement amounts to be paid through DTC.

On ADR Pay Date, all holders will have the opportunity to receive their full treaty benefits as outlined in the "Eligibility Matrix."

DIVIDEND EVENT DETAILS	
COUNTRY OF ISSUANCE	NORWAY
ISSUE	STATOIL A.S.A.
CUSIP#	85771P102
DEPOSITARY	DEUTSCHE BANK
ADR RECORD DATE	19-May-14
ADR PAY DATE	TBD
ADR GROSS DIVIDEND RATE ON PAY DATE	TBD
ORD GROSS DIVIDEND RATE ON PAY DATE	NOK 7.00
RATIO	1 ORD : 1 ADR
STATUTORY WHT RATE	25%

CHARGES & DEADLINES					
FILING METHOD	DESCRIPTION	PAYMENT METHOD	DEPOSITARY SERVICE CHARGE	MINIMUM SERVICE CHARGE PER BENEFICIAL OWNER	FINAL SUBMISSION DEADLINE (ALL TIMES EST)
AT SOURCE	EDS ELECTION	EDS	\$0.005 per ADR	N/A	MAY 20, 2014; 8:00 PM
QUICK REFUND	EDS REVISION	CHECK	\$0.01 per ADR	N/A	JUNE 19, 2014; 5:00 PM
LONG FORM	POST-EDS PROCESS; ON-GOING	CHECK	\$0.01 per ADR	\$25	OCT 31, 2017; 5:00 PM

ELIGIBILITY MATRIX

RATE DESCRIPTION	RECLAIM RATE	ELIGIBLE RESIDENTS	DOCUMENTATION REQUIRED
UNFAVORABLE - 25%	0%	<p>1) ANY SHAREHOLDER NOT DOMICILED IN A JURISDICTION LISTED AS HAVING A DOUBLE TAXATION TREATY WITH NORWAY.</p> <p>2) CHARITIES, PENSIONS, RICS, TRUST FUNDS, AND SIMILAR ENTITIES MUST ELECT AT THE UNFAVORABLE RATE AS THEY DO NOT MEET ELIGIBILITY REQUIREMENTS TO CLAIM A REFUND.</p>	NONE
FAVORABLE - 15% (AT SOURCE)	10%	PLEASE SEE: COUNTRIES WITH 15% WITHHOLDING TAX TREATIES (ALSO, SEE #2 ABOVE)	NONE
FAVORABLE - 15% (LONG FORM)	10%	PLEASE SEE: COUNTRIES WITH 15% WITHHOLDING TAX TREATIES	<p>1) CLAIM COVER LETTER 2) NORWEGIAN TAX RECLAIM LETTER 3) CERTIFICATE OF DIVIDEND PAYMENT 4) IRS FORM 6166 / CERTIFICATION OF RESIDENCY 5) PROOF OF SIGNING AUTHORIZATION (POA) 6) NON-INDIVIDUAL QUESTIONNAIRE* 7) PLAN DOCUMENTS* 8) ATTESTATION 9) RECLAIM DETAIL SPREADSHEET 10) ADDITIONAL AUTHORIZATION LETTER</p> <p>* - FOR NON-INDIVIDUALS ONLY</p>
EXEMPT - 0% (EEA COMPANIES) POST-PAY DATE LONG FORM ONLY	25%	NORWEGIAN PUBLIC LIMITED COMPANIES AND OTHER COMPANIES OF THE SAME STANDING WHO ARE THE REAL BENEFICIAL HOLDER. THE TAX EXEMPTION MODEL ALSO APPLIES TO FOREIGN COMPANIES ETC, OF THE SAME STANDING AS NORWEGIAN COMPANIES AS MENTIONED IN THE PROVISION, DOMICILED IN AN EEA COUNTRY.	<p>ALL DOCUMENTATION USED FOR 25% CLAIMS ARE THE SAME AS THE DOCUMENTATION LISTED ABOVE FOR 10% CLAIMS, THE RECLAIM RATES SHOULD BE UPDATED TO 25% WHEREVER APPROPRIATE; ALL OTHER AMOUNTS RELATED TO THE RECLAIM RATE SHOULD LIKEWISE BE ADJUSTED.</p>

COUNTRIES WITH 15% WITHHOLDING TAX RATES (10% RECLAIM AMOUNT)

ALBANIA	GERMANY	PAKISTAN
ARGENTINA	GREENLAND	POLAND
AZERBAIJAN REPUBLIC	ICELAND	PORTUGAL
AUSTRALIA	INDONESIA	SERBIA
AUSTRIA	IRELAND	SINGAPORE
BANGLADESH	ISRAEL	SLOVAK REPUBLIC
BARBADOS	ITALY	SLOVENIA
BELGIUM	IVORY COAST	SOUTH AFRICA
BULGARIA	JAMAICA	SOUTH KOREA
CANADA	JAPAN	SPAIN
CHILE	KAZAKHSTAN	SRI LANKA
CHINA	LATVIA	SWEDEN
CROATIA	LITHUANIA	SWITZERLAND
CZECH REPUBLIC	LUXEMBOURG	THAILAND
DENMARK	MALTA	UGANDA
EGYPT	MEXICO	UKRAINE
ESTONIA	MOROCCO	UNITED KINGDOM
FAEROE ISLANDS	NEPAL	UNITED STATES
FINLAND	NETHERLAND ANTILLES	VIETNAM
FRANCE	NETHERLANDS	ZAMBIA
GAMBIA	NEW ZEALAND	

CONTACT DETAILS

PRIMARY CONTACT	JENNY LIN
DOMESTIC PHONE (U.S.)	1-800-876-0959
DOMESTIC FAX (U.S.)	1-800-888-1120
INTERNATIONAL PHONE	1-212-747-9100
INTERNATIONAL FAX	1-212-747-0029
EMAIL ADDRESS	JENNY_LIN@GLOBETAX.COM
COMPANY	DEUTSCHE BANK / GLOBETAX
STREET ADDRESS	90 BROAD STREET 16 TH FLOOR
CITY/STATE/ZIP	NEW YORK, NY 10004
ADDITIONAL CONTACTS	STEPHANIE URUGUTIA KASEY HARBES

DESCRIPTION OF VARIOUS DOCUMENTATION

DOCUMENT NAME	DESCRIPTION	ORIGINAL / COPY	SIGNATURE REQUIREMENT
EDS ADJUST LETTER	ONLY FOR QUICK FILING: THIS LETTER LISTS BOTH THE ORIGINAL EDS ELECTION, AND THE REQUESTED POST EDS WINDOW ADJUSTED NUMBERS FOR THE QUICK REFUND. (EXHIBIT A)	ORIGINAL	PARTICIPANT
FORMAT COVER LETTER	COVER LETTER ON PARTICIPANT LETTERHEAD SUMMARIZING ENTIRE CLAIM: BENEFICIAL OWNERS, ADDRESSES, TAX IDs, & ADR AMOUNTS, ETC. (EXHIBIT B)	ORIGINAL	PARTICIPANT
NORWEGIAN TAX RECLAIM LETTER	LETTER TRANSFERRING INDIVIDUAL CLAIM TO DEUTSCHE BANK / GLOBETAX (EXHIBIT C)	ORIGINAL	PARTICIPANT
CERTIFICATE OF DIVIDEND PAYMENT	DOCUMENT CERTIFYING THE DIVIDEND WAS PAID TO THE BENEFICIAL OWNER, LESS WITHHOLDING TAX. (EXHIBIT D)	ORIGINAL	DTC PARTICIPANT
IRS FORM 6166 (U.S. ONLY)	ISSUED BY THE INTERNAL REVENUE SERVICE, STATING THE NAME AND TAX PAYER IDENTIFICATION NUMBER OF THE BENEFICIAL OWNER. IT MUST BE ISSUED FOR THE TAX YEAR OF THE DIVIDEND EVENT.	ORIGINAL	IRS REPRESENTATIVE
CERTIFICATE OF RESIDENCY (NON-U.S. TREATY COUNTRIES)	A DOCUMENT CONFIRMING RESIDENCY OF THE BENEFICIAL OWNER DOMICILED WITHIN A TREATY COUNTRY. THIS MUST BE SIGNED BY AND BEAR THE STAMP OR SEAL OF THE LOCAL TAX AUTHORITY	ORIGINAL	TAX AUTHORITY
PROOF OF SIGNING AUTHORIZATION (POA)	SIGNING AUTHORIZATION (OR POWER OF ATTORNEY) AUTHORIZING THE DTC PARTICIPANT'S ABILITY TO SIGN FOR THEIR BENEFICIAL OWNERS (EXHIBIT E)	ORIGINAL	DTC PARTICIPANT
NON-INDIVIDUAL QUESTIONNAIRE	QUESTIONNAIRE TO BE COMPLETED BY THE BENEFICIAL OWNER (EXHIBIT F)	COPY	N/A
PLAN DOCUMENTS	ANY DOCUMENT WHICH WOULD AID IN DEFINING THE LEGAL NATURE OF THE BENEFICIAL OWNER IN THEIR COUNTRY OF DOMICILE.	COPY	N/A
ATTESTATION	BENEFICIAL OWNER CONFIRMATION AUTHORIZING A RECLAIM FOR THE SPECIFIC DIVIDEND (EXHIBIT G)	ORIGINAL	BENEFICIAL OWNER
RECLAIM DETAIL SPREADSHEET	SPREADSHEET LISTING ALL DETAILS OF THE SPECIFIC RECLAIM (EXHIBIT H)	ORIGINAL	BENEFICIAL OWNER
ADDITIONAL AUTHORIZATION LETTER	AUTHORIZATION LETTER FROM BENEFICIAL OWNER AUTHORIZING DEUTSCHE BANK / GLOBETAX TO SUBMIT APPLICATIONS FOR REIMBURSEMENT ON THEIR BEHALF. (EXHIBIT I)	ORIGINAL	BENEFICIAL OWNER

EXHIBIT A – EDS ADJUST LETTER (QUICK REFUND ONLY)
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT’S LETTERHEAD

 (Date)

Deutsche Bank / GlobeTax
 90 Broad Street - 16th Floor
 New York, New York 10004
 Attn: Norwegian Tax Reclaims

We, _____, hereby certify that the below indicated shares of **STATOIL A.S.A. (CUSIP 85771P102)**, held over the Record Date of MAY 19, 2014, are entitled to the Favorable rate of 15% tax withheld at source on ADR Pay Date of TBD. These shares are eligible for relief at source under the provisions of the United States – Norway Income Tax Treaty Convention.

By certifying for the applicable withholding tax rate, we certify that the criteria listed below have been met.

The Participant has determined that the beneficial owner of the shares (individual or legal entity) is a resident of the United States or another country that is eligible for the 15% Norwegian withholding tax rate as specified in the Important Notice.

The Participant hereby certifies that it will indemnify Deutsche Bank (and its agents) for any liability Deutsche Bank may incur as a result of reliance upon information provided by such Participant in connection with a withholding tax election, a claim for refund, or a failure to provide information requested by the Norwegian Tax Authorities. Deutsche Bank shall not be liable for failure to secure a refund of Norwegian tax withheld.

The Participant understands that Deutsche Bank shall not be liable for any loss resulting from fluctuations in the foreign currency exchange rate that may reduce the value of any refund claimed.

The Participant agrees to immediately return to Deutsche Bank any funds erroneously received as a result of an improper withholding tax election or refund claim. In addition, the Participant agrees to pay any interest, additions to tax or penalties thereon.

If requested by the Norwegian Tax Authorities (directly or indirectly), the Participant agrees to provide Deutsche Bank with any of the following information/documentation respecting each beneficial owner for whom a reduced tax rate has been elected: the full names, complete addresses, the countries of residence for tax purposes, dates of birth, taxpayer identification numbers (including social security numbers), as well as the number of depositary receipts for which the reduced rate of withholding tax was certified, the rate that was applied, and any other information that may be reasonably requested, including possibly an IRS certification of U.S. residence on Form 6166.

Security Name: STATOIL A.S.A. (CUSIP 85771P102)

	ORIGINAL EDS ELECTIONS	REVISED ELECTIONS
FAVORABLE (85%):	_____ ADRs	_____ ADRs
UNFAVORABLE (75%):	_____ ADRs	_____ ADRs

PAYMENT ADDRESS _____

Deutsche Bank Trust Company Americas shall not be liable for failure to secure the refund and shall not be liable for any loss due to foreign exchange fluctuation. Any funds erroneously received shall be immediately returned to Deutsche Bank Trust Company Americas plus any interest, additions to tax or penalties imposed thereon. This is not tax advice. Please consult your tax advisor.

Certified By _____ Date: _____
 Authorized Signature _____
 NAME _____
 TITLE _____ Phone: _____
 DTC PARTICIPANT NUMBER _____

EXHIBIT B – FORMAT COVER LETTER (LONG FORM ONLY)
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT’S LETTERHEAD

(Date)

Deutsche Bank / GlobeTax
90 Broad Street - 16th Floor
New York, New York 10004
Attn: Norwegian Tax Reclaims

Enclosed are tax reclamation documents, which we have submitted on behalf of our clients who have had excess Norwegian tax withheld from dividends paid on Norwegian ADRs. We, **[NAME OF DTC PARTICIPANT]**, also known under DTC participant number **[DTC PARTICIPANT NUMBER]**, hereby state that each beneficial owner cited below held the respective amount of shares on the record date of **MAY 19, 2014** for the security **STATOIL A.S.A. (cusip: 85771P102)**

Below is the list of beneficial owners and their respective holdings, which total **[TOTAL NUMBER OF ADRs CITED BELOW]** ADRs. As required the following documents are attached for each beneficial owner: **claim repayment letter, certification of payment, certification of residency, and signing authorization**. The ratio for STATOIL A.S.A. is **1 ADR to 1 Ordinary share**. The beneficial owner information is as follows:

<u>Beneficial Owner Name</u>	<u>Address</u>	<u>Taxpayer I.D. Number</u>	<u># of ADRs</u>	<u># of ORDs</u>
1)				
2)				
3)				
4) etc.				

We authorize the Deutsche Bank Trust Company Americas to present this documentation on the behalf of the beneficial owners listed above. Please contact the undersigned at [Signatory’s Telephone Number] should you have any questions.

Deutsche Bank Trust Company Americas shall not be liable for failure to secure the refund and shall not be liable for any loss due to foreign exchange fluctuation. Any funds erroneously received shall be immediately returned to Deutsche Bank Trust Company Americas plus any interest, additions to tax or penalties imposed thereon. This is not tax advice. Please consult your tax advisor.

Sincerely,

[SIGNATURE OF THE AUTHORIZED OFFICER FOR DTC PARTICIPANT]

[NAME AND TITLE OF AUTHORIZED OFFICER FOR DTC PARTICIPANT]

[SIGNATORY’S ADDRESS/DTC PARTICIPANT ADDRESS]

EXHIBIT C – NORWEGIAN TAX RECLAIM LETTER (LONG FORM ONLY)
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT'S LETTERHEAD

(Date)

Deutsche Bank / GlobeTax
90 Broad Street - 16th Floor
New York, New York 10004
Attn: Norwegian Tax Reclaims

RE: Issue: STATOIL A.S.A. CUSIP #: 85771P102
ADR Record Date: MAY 19, 2014 ADR Payable Date: TBD
DTC Participant #: _____ Total ADR Shares on Record Date: _____
Beneficial Owner Name: _____
Beneficial Owner Address: _____
Type of Account: _____ ADR Shares held: _____
Gross Dividend Paid (NOK): 7.30 Ordinary Shares held: _____
W/H Tax Amount (NOK): _____ Ratio: 1 ADR = 1 ORD
10% Amount Claimed (NOK): _____
Beneficial Owner Type (i.e.: individual, trust, investment fund, corporation, etc):

Enclosed are the following documents required to file a Norwegian tax reclaim (please check):

- ____ Copy of relevant portion(s) of the trustee/custodial agreement or Power of Attorney allowing DTC Participant to sign on behalf of the beneficial owner.
- ____ IRS Form 6166 or a Treasury Determination Letter or Foreign Tax Authority Certificate
- ____ Certification (Proof of Payment)
- ____ Norway Non-Individual Questionnaire (completed by Beneficial Owner)
- ____ Documentation (such as a Plan Document) which spells out the legal nature of the Beneficial Owner in their home country.
- ____ Attestation
- ____ Reclaim Detail Spreadsheet

Deutsche Bank Trust Company Americas shall not be liable for failure to secure the refund and shall not be liable for any loss due to foreign exchange fluctuation. Any funds erroneously received shall be immediately returned to Deutsche Bank Trust Company Americas plus any interest, additions to tax or penalties imposed thereon. This is not tax advice. Please consult your tax advisor.

Sincerely,

(Beneficial Owner/ Trustee/Custodian) Telephone Number: _____

(Beneficial Owner/ Trustee/Custodian Address)

EXHIBIT D – CERTIFICATE OF DIVIDEND PAYMENT (LONG FORM ONLY)
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT’S LETTERHEAD

ALL AMOUNTS MUST BE IN NORWEGIAN KRONER (NOK)

CERTIFICATION OF PAYMENT

[DTC Participant Name] hereby certifies that the following beneficial owner (holding the security STATOIL A.S.A. ADRs (CUSIP #85771P102) was a holder of record on May 19, 2014. The beneficial owner was paid the dividend less the 25% withholding tax at source and is entitled to the [Refund] % tax refund stipulated under the provisions of the [Country of Residency of the Beneficial Owner] – Norway Income Tax Treaty Convention

We hereby certify that we have paid the dividend to the beneficial owner of the following securities on TBA

Agent: [DTC Participant Name]
[DTC Participant Number]

Beneficial Owner: [Beneficial Owner Name]
[B/O Address]
[B/O City State Zip Code]
[B/O Country of Residence]

Security: STATOIL A.S.A.

Ordinary Pay date: TBD

Shares held: [Number of Ordinary Shares Held]

Dividend Rate: 7.00 NOK per share

Gross Dividend: [Gross Dividend]

Amount of Tax Withheld (25%): [Amount of Tax Withheld]

Refund Amount Due ([Reclaim]%) : [Amount of Refund]

Certified By
Authorized Signature [Sign Here] _____ Date [Today’s Date]
NAME _____
TITLE _____
INSTITUTION _____

EXHIBIT E – PROOF OF SIGNING AUTHORIZATION (POA) - (LONG FORM ONLY)
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT’S LETTERHEAD

Date:

Power of Attorney

The undersigned (name of legal representative) is hereby authorized by the (DTC Participant name) to sign on behalf of our client (Beneficial Owner Name) in processing Norwegian Tax Reclaims. This declaration is being made for the purpose of requesting that the Norwegian Tax Administration refund the excess Norwegian tax withheld at its source on income.

This Power of Attorney shall remain in effect until terminated upon five days prior written notice of its intent to terminate.

Company Name:

(Stamp with Company stamp or seal)

Depository #: DTC # _____

Signature of legal representative

Name: (of legal rep.)

Title:

Date:

Place:

**EXHIBIT F – NON-INDIVIDUAL QUESTIONNAIRE
(LONG FORM, NON-INDIVIDUALS ONLY)**

NORWAY NON-INDIVIDUAL CLAIM QUESTIONNAIRE

Full Beneficial Owner Name: _____

Tax ID #: _____

- 1) Does the entity invest its own capital or does it invest capital belonging to other persons or entities, on their behalf?
- 2) Can the investors individually decide how or where the capital is invested?
- 3) If yes, does their decision influence the size of a possible future pension or investment income?
- 4) Are the dividends from Norway redistributed to the investors, are they distributed as dividends or as any other type of income?
- 5) If they are distributed as dividends, are they regarded as Norwegian dividends or as dividends from a <COUNTRY OF RESIDENCE FOR TAX PURPOSES> company?
- 6) We would also like to know who the investors are, i.e. are they private persons, companies or institutions?
- 7) Is the entity open to for instance to <COUNTRY OF RESIDENCE FOR TAX PURPOSES> investors only or may other investors resident for tax purposes outside the <COUNTRY OF RESIDENCE FOR TAX PURPOSES> invest?
- 8) Whereas taxation is concerned, we need information on who is actually taxed on the dividends from Norway as such?
- 9) Who is entitled to the entity's capital if the entity is dissolved?
- 10) Is the entity tax exempt? If so, is it fully or partially exempt?

EXHIBIT G – ATTESTATION – (LONG FORM ONLY)
THIS DOCUMENT MUST BE PREPARED ON BENEFICIAL OWNER’S LETTERHEAD

NORWEGIAN ATTESTATION ORDINARY TAX RECLAIM

I/We, **FULL BENEFICIAL OWNER NAME**, Tax ID **XX-XXXXXXX**, do hereby certify that I/we am/are the beneficial owner of **X,XXX ADRs**, representing **X,XXX Ordinary Shares** of **STATOIL A.S.A.**, Ordinary Pay-date: **TBD** and that the dividends were received by the below beneficial owner/claimant and tax was withheld at **25%**.

In support to the above certification, I/We further certify that I/We am/are able to document:

1. that I/We am/are a resident of **[TREATY COUNTRY OF RESIDENCE]** (see Certificate of Residency enclosed);
2. that I/We am/are liable to tax in the above country; and
3. that I/We am/are the beneficial owner of the shares and the dividend and that the dividend is accumulated in assets and is part of the taxable income in **[TREATY COUNTRY OF RESIDENCE]** as described above so that the dividend is included in the balance sheet and in the taxable income of claimant.
4. that I/We am/are not a transparent partnership, trust, or estate.
5. that I/We do not have a tax domicile in Norway and/or the company is not registered in Norway.
6. that by signing this document I confirm that I have the corporate power to issue this attestation so that it is valid and legally binding on behalf of the company.

Signed

Date

EXHIBIT H – RECLAIM DETAIL SPREADSHEET – (LONG FORM ONLY)

<u>BENEFICIAL OWNER NAME</u>	NAME OF COMPANY (Security)	CUSIP	NUMBER OF ADR SHARES Holding on Record Date	ADR PAYMENT DATE (DDMMYYYY)	AMOUNT TAX WITHHELD (NOK)	TAX RATE	Reclaim %	RECLAIM AMOUNT (NOK)
	STATOIL A.S.A.	85771P102		TBD				
							Total:	

Signature of
Beneficial
Owner

EXHIBIT I – ADDITIONAL AUTHORIZATION LETTER – (LONG FORM ONLY)

AUTHORIZATION LETTER REQUIRED FOR NORWEGIAN TAX RECLAIM FILINGS

Authorization

Final Beneficiary Details

Name: _____

Address: _____

Country of Residence: _____

Tax ID # (USA Only): _____

Custodian (Participant): _____

Authorization

The final beneficiary has authorized **Deutsche Bank Trust Company Americas / GlobeTax, and/or its agents** to submit applications for the reimbursement of Norwegian withholding tax in their name and on their behalf and to receive any corresponding refund amounts on their behalf, and to undertake any necessary communication with the Norwegian Tax Authority (NTA) in their name.

Date, Place
