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| **Applicant’s Data** |
| *With this application we authorize ATHEXCSD, as Authorised Registrant, to proceed with all the necessary actions in order for the LEI, assigned to us, to be transferred to the London Stock Exchange, as the LOU, for on-going maintenance.* |
|  |
| **Official Entity Name** **IN GREEK**  |  |
| **Alternate Entity Name \*** |  |
| **Anglicized Entity Name** |  |
| **Entity Category** | BRANCH | FUND | N/A | SOLE PROPRIETOR |
| **Country Legal Form**  |  | **Legal Form** |  |
| **Headquarters Address 1** |  | **City**  |  |
| Address 2 \* |  |
| **Region** |  | **ZIP** |  | **Country** |  |
| **Legal Formation Address 1** |  | **City**  |  |
| Address 2 \* |  |
| **Region** |  | **ZIP** |  | **Country** |  |
| **Business Registry Country** |  | **Registration Authority**  |  |
| **Registration Authority Entity ID** |  |
| **Legal Entity Website \*** |  |
| BIC \* |  | ISIN \* |  |
| **Applicant’s email** |  |
| **Tax Country** |  | **Number** |  **Tax Office**  |
| **LEI** |  |
| **Current LOU** |  |
| **LEI of the sending LOU** |  |
| **LEI of the receiving LOU** | **213800D1EI4B9WTWWD28** |
| If the LEI registration status is **Merged/Retired** please state the **reason below**: |
|  |  |
| If the Legal Entity has Registration Status of **LAPSED** please insure you are committed to **renewing the LEI** code. |
| **Direct Parent** |  |
| **Direct Exception Reason** | BINDING LEGAL COMMITMENTSCONSENT NOT OBTAINEDDETRIMENT NOT EXCLUDED DISCLOSURE DETRIMENTAL | LEGAL OBSTACLESNATURAL PERSONS NO KNOWN PERSONNON CONSOLIDATING |
| **LEI of Direct Parent** |  |
| **Direct Relationship Type** | HAS DIRECT MANAGERIS DIRECTLY CONSLIDATED BY | IS INTERNATIONAL BRANCH OFIS ULTIMATELY CONSOLIDATED\_BY |
| **Direct Validation Documents** | ACCOUNTS FILINGCONTRACTSOTHER OFFICIAL DOCUMNET | REGULATORY FILINGSUPPORTING DOCUMENTS |
| **Direct Qualifier Category** | IFRSOTHER ACCOUNTING STANDARDUS GAAP |
| **Direct Headquarters Address 1** |  | **City**  |  |
|  Address Line 2 \* |  |
| **Region**  |  | **ZIP** |  | **Country** |  |
|  |  |  |  |
| **Direct Legal Address Address 1** |  | **City** |  |
| Address 2 \* |  |
| **Region** |  | **ZIP** |  | **Country** |  |
| **Direct Registration** **Authority** |  | **Direct Register Entity ID** |  |
| **Ultimate Parent** |  |  |
| **Ultimate Exception Reason** | BINDING LEGAL COMMITMENTSCONSENT NOT OBTAINEDDETRIMENT NOT EXCLUDED DISCLOSURE DETRIMENTAL | LEGAL OBSTACLESNATURAL PERSONS NO KNOWN PERSONNON CONSOLIDATING |
| **LEI of Ultimate Parent** |  |
| **Ultimate Relationship Type** | HAS DIRECT MANAGERIS DIRECTLY CONSLIDATED BY | IS INTERNATIONAL BRANCH OFIS ULTIMATELY CONSOLIDATED\_BY |
| **Ultimate Validation Documents** | ACCOUNTS FILINGCONTRACTSOTHER OFFICIAL DOCUMNET | REGULATORY FILINGSUPPORTING DOCUMENTS |
| **Ultimate Qualifier Category** | IFRSOTHER ACCOUNTING STANDARDUS GAAP |
| **Ultimate Headquarters Address 1** |  | **City**  |  |
|  Address Line2 \* |  |
| **Region**  |  | **ZIP** |  | **Country** |  |
| **Ultimate Legal Address Address 1** |  | **City** |  |
| Address 2 \* |  |
| **Region** |  | **ZIP** |  | **Country** |  |
| **Ultimate Registration** **Authority** |  | **Ultimate Register Entity ID** |  |

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| *I confirm as an authorised represenatative of the Legal Entity I permit the receiving LOU to forward the contact details I have provided to the sending LOU, in order to facilitate the LEI transfer process.*  |
| **Date:** |  | **Applicant’s Legal Representative****Signature:****Name:** **Company Stamp:** |
| **E- mail:** |  |
| **Telephone number:** |  |
| **Position within organisation:** | ** Director  Company Secretary  Compliance Officer** ** Other (please specify):\_\_\_\_\_\_\_\_\_\_** |
| **Date:** |  | **The delivering Operator’s/Clearing Member’s Legal Representative** **Signature:****Name:****Company Stamp:** |
| **SUBMISSION:** by e-mail at**axialei@athexgroup.gr**with attached a) scanned copy of signed/stamped version of this form, b) scanned copy of Legal representation document c) scanned copy of Business Registry Extract. Physical documents should be send within 2 working days by mail/courier or physically submitted at the offices of ATHEXCSD, 110 Athinon Avenue, 10442 Athens. **HELPDESK:** Investor Services Department, **axialei@athexgroup.gr**,  tel: +30 210 3366 776, business days 9:00–17:00. |