|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 renewaled.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **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** |  | | | | | | | | | | | | | | | | | | |
| If there is no Parent entity or this cannot be disclosed due to one of the exception reasons please enter **N/A** in The Parent Name field and select the relevant Exception reason. | | | | | | | | | | | | | | | | | | | |
| **Direct Parent** |  | | | | | | | | | | | | | | | | | | |
| **Direct Exception Reason** | BINDING LEGAL COMMITMENTS  CONSENT NOT OBTAINED  DETRIMENT NOT EXCLUDED  DISCLOSURE DETRIMENTAL | | | | | | | | | | | LEGAL OBSTACLES  NATURAL PERSONS  NO KNOWN PERSON  NON CONSOLIDATING | | | | | | | | |
| If an Exception Reason is quoted no further Direct or Ultimate Parent information is required  to be supplied on this form | | | | | | | | | | | | | | | | | | | |
| **LEI of Direct Parent** |  | | | | | | | | | | | | | | | | | | |
| **Direct Relationship Type** | HAS DIRECT MANAGER  IS DIRECTLY CONSLIDATED BY | | | | | | | | | | | IS INTERNATIONAL BRANCH OF  IS ULTIMATELY CONSOLIDATED\_BY | | | | | | | | |
| **Direct Validation Documents** | ACCOUNTS FILING  CONTRACTS  OTHER OFFICIAL DOCUMNET | | | | | | | | | | | REGULATORY FILING  SUPPORTING DOCUMENTS | | | | | | | | |
| **Direct Qualifier Category** | IFRS  OTHER ACCOUNTING STANDARD  US 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 COMMITMENTS  CONSENT NOT OBTAINED  DETRIMENT NOT EXCLUDED  DISCLOSURE DETRIMENTAL | | | | | | | | | | | LEGAL OBSTACLES  NATURAL PERSONS  NO KNOWN PERSON  NON CONSOLIDATING | | | | | | | | |
| **LEI of Ultimate Parent** |  | | | | | | | | | | | | | | | | | | | |
| **Ultimate Relationship Type** | HAS DIRECT MANAGER  IS DIRECTLY CONSLIDATED BY | | | | | | | | | | | IS INTERNATIONAL BRANCH OF  IS ULTIMATELY CONSOLIDATED\_BY | | | | | | | | |
| **Ultimate Validation Documents** | ACCOUNTS FILING  CONTRACTS  OTHER OFFICIAL DOCUMNET | | | | | | | | | | | REGULATORY FILING  SUPPORTING DOCUMENTS | | | | | | | | |
| **Ultimate Qualifier Category** | IFRS  OTHER ACCOUNTING STANDARD  US 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** | | | | | | | | | | |  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**](mailto: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.  **NOTE:** If Parent information has been provide, please ensure documentation has been provided to confirm the details of the Parent to the entity requiring the LEI  **HELPDESK:** Investor Services Department, [**axialei@athexgroup.gr**](mailto:axialei@athexgroup.gr),  tel: +30 210 3366 776, business days 9:00–17:00. | | | | | |