

APPLICATION TO TRANSFER LEGAL ENTITY IDENTIFIER (LEI)

To: **Hellenic Central Securities Depository S.A.**
(ATHEXCSD)

Date _____

Central Registry Division

Reference Number _____

(Filled-in by ATHEXCSD)

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

BRANCH FUND N/A SOLE PROPRIETOR

Entity Category

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

BINDING LEGAL COMMITMENTS	<input type="checkbox"/>	LEGAL OBSTACLES	<input type="checkbox"/>
CONSENT NOT OBTAINED	<input type="checkbox"/>	NATURAL PERSONS	<input type="checkbox"/>
DETRIMENT NOT EXCLUDED	<input type="checkbox"/>	NO KNOWN PERSON	<input type="checkbox"/>
<u>Direct Exception Reason</u> DISCLOSURE DETRIMENTAL	<input type="checkbox"/>	NON CONSOLIDATING	<input type="checkbox"/>

LEI of Direct Parent

HAS DIRECT MANAGER	<input type="checkbox"/>	IS INTERNATIONAL BRANCH OF	<input type="checkbox"/>
<u>Direct Relationship Type</u> IS DIRECTLY CONSOLIDATED BY	<input type="checkbox"/>	IS ULTIMATELY CONSOLIDATED_BY	<input type="checkbox"/>

Direct Validation Documents

ACCOUNTS FILING	<input type="checkbox"/>	REGULATORY FILING	<input type="checkbox"/>
CONTRACTS	<input type="checkbox"/>	SUPPORTING DOCUMENTS	<input type="checkbox"/>
OTHER OFFICIAL DOCUMENT	<input type="checkbox"/>		

Direct Qualifier Category

IFRS	<input type="checkbox"/>
OTHER ACCOUNTING STANDARD	<input type="checkbox"/>
US GAAP	<input type="checkbox"/>

Direct Headquarters Address 1

Address Line 2 *

Region

City

ZIP

Country

Direct Legal Address Address 1

Address 2 *

Region

City

ZIP

Country

Direct Registration Authority

Direct Register Entity ID

Ultimate Parent

Ultimate Exception Reason

BINDING LEGAL COMMITMENTS	<input type="checkbox"/>	LEGAL OBSTACLES	<input type="checkbox"/>
CONSENT NOT OBTAINED	<input type="checkbox"/>	NATURAL PERSONS	<input type="checkbox"/>
DETRIMENT NOT EXCLUDED	<input type="checkbox"/>	NO KNOWN PERSON	<input type="checkbox"/>
DISCLOSURE DETRIMENTAL	<input type="checkbox"/>	NON CONSOLIDATING	<input type="checkbox"/>

LEI of Ultimate Parent

Ultimate Relationship Type

HAS DIRECT MANAGER	<input type="checkbox"/>	IS INTERNATIONAL BRANCH OF	<input type="checkbox"/>
IS DIRECTLY CONSOLIDATED BY	<input type="checkbox"/>	IS ULTIMATELY CONSOLIDATED_BY	<input type="checkbox"/>

Ultimate Validation Documents

ACCOUNTS FILING	<input type="checkbox"/>	REGULATORY FILING	<input type="checkbox"/>
CONTRACTS	<input type="checkbox"/>	SUPPORTING DOCUMENTS	<input type="checkbox"/>
OTHER OFFICIAL DOCUMENT	<input type="checkbox"/>		

Ultimate Qualifier Category

IFRS	<input type="checkbox"/>
OTHER ACCOUNTING STANDARD	<input type="checkbox"/>
US GAAP	<input type="checkbox"/>

Ultimate Headquarters Address 1

Address Line2 *

Region

City

ZIP

Country

Ultimate Legal Address Address 1

Address 2 *

Region

City

ZIP

Country

Ultimate Registration Authority

Ultimate Register Entity ID

I confirm as an authorised representative 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.
