

APPLICATION TO RENEW A LEGAL ENTITY IDENTIFIER (LEI)

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

Date _____

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 renewed.

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 _____

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

| | |
|---|--|
| 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"/> |

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 <input type="checkbox"/> | IS INTERNATIONAL BRANCH OF <input type="checkbox"/> |
| IS DIRECTLY CONSOLIDATED BY <input type="checkbox"/> | IS ULTIMATELY CONSOLIDATED_BY <input type="checkbox"/> |
| ACCOUNTS FILING <input type="checkbox"/> | REGULATORY FILING <input type="checkbox"/> |
| <u>Direct Validation Documents</u> CONTRACTS <input type="checkbox"/> | SUPPORTING DOCUMENTS <input type="checkbox"/> |
| OTHER OFFICIAL DOCUMENT <input type="checkbox"/> | |

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

| | | | |
|---------------------------|--------------------------|-------------------|--------------------------|
| 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"/> |

Ultimate Exception Reason

LEI of Ultimate Parent

| | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| 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 Relationship Type

| | | | |
|-------------------------|--------------------------|----------------------|--------------------------|
| 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 Validation
Documents

IFRS
OTHER ACCOUNTING STANDARD
US GAAP

Ultimate Qualifier Category

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): _____

The undersigned legal representative(s) of applicant named overleaf is authorized to request LEIS for the following legal entities:

1. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
2. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
3. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
4. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
5. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
6. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
7. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
8. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
9. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____
10. **Legal Entity Name**
 IN GREEK _____
 Anglicized Name _____

Please consult the following document "LEI Fund Guidance, v. 40, 12/5/2013" for multiple entities e.g. funds, [http://www.qfma.org/uploadedFiles/Initiatives/Legal_Entity_Identifier_\(LEI\)/LEI-Fund-Guidance-2013.pdf](http://www.qfma.org/uploadedFiles/Initiatives/Legal_Entity_Identifier_(LEI)/LEI-Fund-Guidance-2013.pdf)

Date: _____ **Applicant'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.

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, tel: +30 210 3366 776, business days 9:00–17:00.

The invoice to be sent at the e-mail: _____