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| **APPLICATION TO RENEW A LEGAL ENTITY IDENTIFIER (LEI)**  |
| **To:** | **Hellenic Central Securities Depository S.A**. (ATHEXCSD) | 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 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 COMMITMENTSCONSENT NOT OBTAINEDDETRIMENT NOT EXCLUDED DISCLOSURE DETRIMENTAL | LEGAL OBSTACLESNATURAL PERSONS NO KNOWN PERSONNON 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 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** |  |

|  |  |  |
| --- | --- | --- |
| **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.gfma.org/uploadedFiles/Initiatives/Legal\_Entity\_Identifier\_(LEI)/LEI-Fund-Guidance-2013.pdf*](http://www.gfma.org/uploadedFiles/Initiatives/Legal_Entity_Identifier_%28LEI%29/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**FEES**: According to Decision 18 ATHEXCSD B.o.D.**HELPDESK:** Accounts & Registry 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |