**APPLICATION FOR PROVIDING INFORMATION**

To: **Hellenic Central Securities Depository S.A.** Date:Click or tap here to enter text.

 Accounts & Registry Services Department

 110 Athinon Ave, 104 42 Athens Gr

 Email: ars@athexgroup.gr - phone +30 210 3366776

|  |
| --- |
| Applicant’s Data |

|  |  |
| --- | --- |
| **Investor share [[1]](#footnote-1)**:Click or tap here to enter text.  |  **Securities Account**:Click or tap here to enter text. |
| Surname / Name of the Legal Entity | : Click or tap here to enter text. |
| Name | : Click or tap here to enter text. |
| Father’s Name | : Click or tap here to enter text. |
| Date of birth | : Click or tap here to enter text. |
| Representative of a Legal Entity [[2]](#footnote-2) | : Click or tap here to enter text. |
| Certificate (ID/PASSPORT/REGISTRATION NUMBER/OTHER) | : Click or tap here to enter text. |
| Tax Identification Number | : Click or tap here to enter text. |
| Social Security Number (for Natural Persons) or LEI/BIC (for Legal Entities) | : Click or tap here to enter text. |
| Address (street, number, city, P.C.) |  | : Click or tap here to enter text. |
| Mobile phone |  | : Click or tap here to enter text. |
| E-mail |  | : Click or tap here to enter text. |
| *The personal data will be processed, which is necessary for compliance with a legal obligation and for the performance of the task requested by the user as data subject. The company “Hellenic Central Securities Depository S.A.” (ATHEXCSD) processes the above personal data taking all possible security measures and complying with the legislative and regulatory framework on personal data protection, in accordance with what is specifically specified at* [*https://www.athexgroup.gr/en/policy/personal-data-protection*](https://www.athexgroup.gr/en/policy/personal-data-protection)I declare that:* The Beneficiary’s data entered in this application is accurate.
* I have taken note of the terms of providing the Securities information service as well as the related charges ([here](https://www.athexgroup.gr/en/post-trade/csd/services/registry-services/investors)), which I accept without reservation.
* I will promptly fulfill the obligations I undertake with this application.
* Any information and relevant instructions or notices from the competent ATHEXCSD services for the service of this application, I accept to be sent to the email address and/or mobile phone number stated in this application.

 I hereby request to provide me through D.S.S. the following information (marked with [X]):

|  |  |
| --- | --- |
| [x]  | The details of my Share and Securities Account, according to the above Beneficiary details. |
| [x]  | The present balance of the account |
| [ ]  | Balance of the Securities Account with valuation for the date: Click or tap here to enter text. |
| [ ]  | The transactions of the Securities Account from Click or tap here to enter text. to Click or tap here to enter text. |
| [ ]  | The present balance and the transactions of the Securities Account for the following shares: Click or tap here to enter text. |
| [ ]  | Statement of cash distributions: from Click or tap here to enter text. to Click or tap here to enter text. |
| [ ]  | Statement of liens or other encumbrances |

 |
| I would like to receive the requested information according to the following way (only one option should be marked [x]):

|  |  |
| --- | --- |
| [ ]  | Through JIRA Service Desk to Participant: Click or tap here to enter text. |
| [x]  | Through an encrypted electronic file at the email address of the present application and corresponding disclosure of the password  |
| [ ]  | By postmail to the contact address of this application. |

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**Applicant Participant’s name:**

**Participant’s or Applicant's signature[[3]](#footnote-3):** Click or tap here to enter text.

1. *Share and Securities Account details are filled in at DSS since they are known.* [↑](#footnote-ref-1)
2. *Along with the application, the relevant certificate of representation of the Legal Entity from the relevant Registry is attached.* [↑](#footnote-ref-2)
3. *The submission of the application in any other way than the submission of it by hand to ATHEXCSD by the applicant himself/herself, requires the attestation of the authenticity of his/her signature through an administrative authority or through the gov.gr service.* [↑](#footnote-ref-3)