**APPLICATION FOR TRANSFERRING SECURITIES DUE TO INHERITANCE**

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

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| --- | --- |
| **Applicant’s Data /Legal Heir** |  |
| **Investor share[[1]](#footnote-1)**:Click or tap here to enter text. **Securities Account**:Click or tap here to enter text.**Participant**[[2]](#footnote-2):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. |
| 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 | : 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. |
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| **Deceased's Data** |

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| **Investor share[[3]](#footnote-3)**:Click or tap here to enter text. **Securities Account**:Click or tap here to enter text.  |
| Surname | : 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. |
| 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 | : Click or tap here to enter text. |
| Date of Death | : 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:* I am the legal heir of the deceased, and the data entered in this application is accurate.
* I have taken note of the conditions for providing the requested transfer of securities due to inheritance in accordance with the existing institutional framework ([here](https://www.athexgroup.gr/en/post-trade/csd/services/registry-services/investors)), which I accept without reservation.
* If, for any reason, the requested information "Share", "Securities Account" and "Participant" in the Dematerialised Securities System (D.S.S.) are not specified in this application, I accept that ATHEXCSD will search for them in the D.S.S. in accordance with the other specified beneficiary details with a relevant fee ([here](https://www.athexgroup.gr/en/post-trade/csd/services/registry-services/investors)) and, if there is only one active Participant's Securities Account in my Share, the requested transfer of securities to be registered in it.
* 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 agree to be sent to the email address and/or mobile phone number stated in this application.
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|  |  |
| I attach the required legalizing documents and please, based on them, proceed with the transfer to my Securities Account at D.S.S. of the following securities of the deceased:

|  |  |
| --- | --- |
|  [ ]  | All securities  |
|  [ ]  | Only the securities of the issuers (name of the companies): Click or tap here to enter text. |

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Upon completion of the transfer, please send me "Certificate of Legalization" & "Certificate of Cash Distributions" for the transferred Securities, for the collection of cash distributions from the Paying Banks and for any other legal use, as follows (marked with [x] only one requested option):

|  |  |
| --- | --- |
|  [x]  | Through an encrypted electronic file at the email address of the present application and corresponding notification of the password  |
|  [ ]  | By post mail to the contact address of this application, with the corresponding relevant fee in accordance with the conditions of provision of the requested services |
|  |

**Applicant's signature [[4]](#footnote-4):** Click or tap here to enter text.

1. *The applicant’s code numbers of the Share and Securities Account in the Dematerialised Securities System (D.S.S.) are determined.* [↑](#footnote-ref-1)
2. *The name of the Participant under whose control the Share and the Securities Account of the applicant are held.* [↑](#footnote-ref-2)
3. *The deceased’s code numbers of the Share and Securities Account in the Dematerialized Securities System (D.S.S.) are determined.* [↑](#footnote-ref-3)
4. *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-4)