

APPLICATION FOR PROVIDING INFORMATION (*)

To: **Hellenic Central Securities Depository S.A.**

Date _____

Central Registry Division

Reference Number _____

(Filled-in by ATHEXCSD)

INVESTOR'S DATA

Investor Share:

Securities Account:

Surname/Full legal
denomination of the
legal entity: (**)

Physical Person

Legal Entity

Name

Representative

Father's Name

Registered offices

Certificate ID Passp. Reg. Number Other Number _____

Tax identification number

Telephone Number

(*) If during a thirty (30) days period time; since the submit ion of the present I do not receive in person or through an authorized third person the requested with the present application documents; I authorize the proper employees of the ATHEXCSD to destroy them.

(**) In case of a Joint Investor Share; the application is being submitted by the authorized representative for all joint holders.

Please provide me with the following information

- The full data of my Investor's Share.
- The present state of the accounts of my Investor's Share.
- The balance of the accounts of my Investor's Share for the date
- The transactions of the above Investor's Share accounts during the period
From: _____ Since _____

Security

Security

Date:

Applicant's signature: