

APPLICATION FOR THE ISSUANCE OF LEGAL ENTITY IDENTIFIER

To: **Hellenic Central Securities Depository S.A.** Date _____
 (ATHEXCSD) Reference Number _____
Central Registry Division (Filled-in by ATHEXCSD)

Applicant's Data

Information with asterisk () is not mandatory – if available strongly requested to be submitted*

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

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"/>

Direct Validation Documents

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"/>	

Direct Qualifier Category

IFRS
 OTHER ACCOUNTING STANDARD
 US GAAP

Direct Headquarters Address 1

City

APPLICATION FOR THE ISSUANCE OF LEGAL ENTITY IDENTIFIER

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

LEGAL OBSTACLES

CONSENT NOT OBTAINED

NATURAL PERSONS

DETRIMENT NOT EXCLUDED

NO KNOWN PERSON

Ultimate Exception Reason

DISCLOSURE DETRIMENTAL

NON CONSOLIDATING

LEI of Ultimate Parent

HAS DIRECT MANAGER

IS INTERNATIONAL BRANCH OF

Ultimate Relationship Type

IS DIRECTLY CONSOLIDATED BY

IS ULTIMATELY CONSOLIDATED BY

ACCOUNTS FILING

REGULATORY FILING

Ultimate Validation
Documents

CONTRACTS

SUPPORTING DOCUMENTS

OTHER OFFICIAL DOCUMENT

IFRS

OTHER ACCOUNTING STANDARD

Ultimate Qualifier Category

US GAAP

Ultimate Headquarters
Address 1

City

Address Line 2 *

Region

ZIP

Country

Ultimate Legal Address
Address 1

City

Address 2 *

Region

ZIP

Country

Ultimate Registration
Authority

Ultimate Register
Entity ID

The invoices and the certificate to be sent at the e-mail: _____

Attached documents (original or certified copies)

Legal representation document
(or Official Government Gazette)

Business Registry Extract
(Pistopoiitiko GEMI)

Bank Payment Slip

The undersigned legal representative(s) of applicant responsibly declare the following:

1. All the submitted data and documents attached to this Application are genuine, full and accurate.
2. The submission of this Application is deemed as an irrevocable authorization to the "HELLENIC CENTRAL SECURITIES DEPOSITORY SA - (ATHEXCSD)" to carry out, in our name and on our behalf, any necessary lawful actions for: a) the issuance of the (Legal Entity Identifier (L.E.I.) by the Local Operating Unit (LOU) the ATHEXCSD is cooperating with and b) the receipt of said LEI on our behalf by the competent LOU.
3. We undertake to notify to the ATHEXCSD our updated identification data immediately after any such change takes place and on a standard annual basis on every anniversary from the submission of this Application.
4. The application and attached documents will be delivered to the ATHEXCSD by our Operator/Clearing Member (Operator/Clearing member Name) _____

ATHEXCSD reserves the right to issue LEI under the provision that the provider finds the relevant data provided by the applicant sufficient.

APPLICATION FOR THE ISSUANCE OF LEGAL ENTITY IDENTIFIER

Date: **Applicant's Legal Representative**
Signature:

Name:
Company Stamp:

Date: **The delivering Operator's/Clearing Member's Legal Representative**
Signature:

Name:
Company Stamp:

APPLICATION FOR THE ISSUANCE OF LEGAL ENTITY IDENTIFIER

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:** _____

FILL-IN INSTRUCTIONS: Please consult ATHEX's web site www.athexgroup.gr under Services for detailed instructions.

SUBMISSION: by e-mail at axialei@athexgroup.gr with attached a) completed word copy of this form, b) scanned copy of signed/stamped version of this form, c) scanned copy of Legal representation document d) scanned copy of Business Registry Extract d) scanned copy of bank payment slip. Physical documents should be sent within 2 working days by mail/courier or physically submitted at the offices of ATHEXCSD, 110 Athinon Avenue, 10442 Athens.

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

PAYMENT: Payment for initial LEI issuance application should be made by bank transfer to ATHEXCSD's account at **ALPHABANK BIC CRBAGRAAXX**, IBAN **GR38 0140 1010 1010 0200 2063 823** prior to submission of request. Please always indicate "**LEI-[name of requestor entity]**" at payment.

HELPDESK: Investor Services Department, axialei@athexgroup.gr, tel: +30 210 3366 776, business days 9:00-17:00