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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | | | | | | | | | | | | | | | | | | | |
| **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** | | | | |  | | | | | | | | | | | |
| 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 COMMITMENTS  CONSENT NOT OBTAINED  DETRIMENT NOT EXCLUDED  DISCLOSURE DETRIMENTAL | | | | | | | | | | | | LEGAL OBSTACLES  NATURAL PERSONS  NO KNOWN PERSON  NON 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 MANAGER  IS DIRECTLY CONSLIDATED BY | | | | | | | | | | | | IS INTERNATIONAL BRANCH OF  IS ULTIMATELY CONSOLIDATED BY | | | | | | | | |
| **Direct Validation Documents** | ACCOUNTS FILING  CONTRACTS  OTHER OFFICIAL DOCUMNET | | | | | | | | | | | | REGULATORY FILING  SUPPORTING DOCUMENTS | | | | | | | | |
| **Direct Qualifier Category** | IFRS  OTHER ACCOUNTING STANDARD  US 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 COMMITMENTS  CONSENT NOT OBTAINED  DETRIMENT NOT EXCLUDED  DISCLOSURE DETRIMENTAL | | | | | | | | | | | | LEGAL OBSTACLES  NATURAL PERSONS  NO KNOWN PERSON  NON CONSOLIDATING | | | | | | | | |
| **LEI of Ultimate Parent** |  | | | | | | | | | | | | | | | | | | | | |
| **Ultimate Relationship Type** | HAS DIRECT MANAGER  IS DIRECTLY CONSLIDATED BY | | | | | | | | | | | | IS INTERNATIONAL BRANCH OF  IS ULTIMATELY CONSOLIDATED BY | | | | | | | | |
| **Ultimate Validation Documents** | ACCOUNTS FILING  CONTRACTS  OTHER OFFICIAL DOCUMNET | | | | | | | | | | | | REGULATORY FILING  SUPPORTING DOCUMENTS | | | | | | | | |
| **Ultimate Qualifier Category** | IFRS  OTHER ACCOUNTING STANDARD  US 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** | | | | | | | | | | |  | | | | | | |
| **Attached documents** (original or certified copies) | | | | | | | | | | | | | | | | | | | | |
| Legal representation document  (or Official Government Gazette) | | Business Registry Extract Bank Payment Slip  (Pistopoiitiko GEMI) | | | | | | | | | | | | | | | | | | |

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| 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   *ATHEXSCD reserves the right to issue LEI under the provision that the provider finds the relevant data provided by the applicant sufficient.* | | | |
| Operator/Clearing member Name \* | | |  |
|  | | | |
| **Date:** |  | **Applicant’s Legal Representative**  **Signature:**  **Name:**  **Company Stamp:** | |
| **Date:** |  | **The delivering Operator’s/Clearing Member’s Legal Representative**  **Signature:**  **Name:**  **Company Stamp:** | |

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_(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**](http://www.athexgroup.gr) under Services for detailed instructions.  **SUBMISSION:** by e-mail at[**axialei@athexgroup.gr**](mailto: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 se nd 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 **CRBAGRAAXXX**,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**](mailto:axialei@athexgroup.gr), tel: +30 210 3366 776, business days 9:00–17:00 | | | | | | |