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| **APPLICATION FOR THE ISSUANCE OF LEGAL ENTITY IDENTIFIER (LEI)** |
| **To:** | **Hellenic Central Securities Depository S.A**. (ATHEXCSD) | Date |  |
|  |  | Reference Number |  |
| (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** |  |
| **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 COMMITMENTSCONSENT NOT OBTAINEDDETRIMENT NOT EXCLUDED DISCLOSURE DETRIMENTAL | LEGAL OBSTACLESNATURAL PERSONS NO KNOWN PERSONNON 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 MANAGERIS DIRECTLY CONSLIDATED BY | IS INTERNATIONAL BRANCH OFIS ULTIMATELY CONSOLIDATED BY |
| **Direct Validation Documents** | ACCOUNTS FILINGCONTRACTSOTHER OFFICIAL DOCUMNET | REGULATORY FILINGSUPPORTING DOCUMENTS |
| **Direct Qualifier Category** | IFRSOTHER ACCOUNTING STANDARDUS 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 COMMITMENTSCONSENT NOT OBTAINEDDETRIMENT NOT EXCLUDED DISCLOSURE DETRIMENTAL | LEGAL OBSTACLESNATURAL PERSONS NO KNOWN PERSONNON CONSOLIDATING |
| **LEI of Ultimate Parent** |  |
| **Ultimate Relationship Type** | HAS DIRECT MANAGERIS DIRECTLY CONSLIDATED BY | IS INTERNATIONAL BRANCH OFIS ULTIMATELY CONSOLIDATED BY |
| **Ultimate Validation Documents** | ACCOUNTS FILINGCONTRACTSOTHER OFFICIAL DOCUMNET | REGULATORY FILINGSUPPORTING DOCUMENTS |
| **Ultimate Qualifier Category** | IFRSOTHER ACCOUNTING STANDARDUS 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** |  |
| 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)  |

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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 (Operator/Clearing member Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ATHEXSCD reserves the right to issue LEI under the provision that the provider finds the relevant data provided by the applicant sufficient.* |
| **Date:** |  | **Applicant’s Legal Representative****Signature:****Name:** **Company Stamp:** |
| **Date:** |  | **Legal Representative of the Participant****Signature:****Name:****Company Stamp:** |

The undersigned legal representative(s) of applicant named overleaf is authorized to request LEIS for the following legal entities:

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| 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_%28LEI%29/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**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 send within 2 working days by mail/courier 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**FEES**: According to Decision 18 ATHEXCSD B.o.D.**PAYMENT:** Payment of ATHEXCSD fees is made via e-banking in the ATHEXCSD financial services section, with the RF code you will receive in case of issuing a LEI code, just send the application and supporting documents.It should be noted that Legal Entities which are located in EU countries carrying out intra-community transactions are exempted from VAT payment, as long as they are subscribed in the Value Added Tax Information Exchange (VIES) system, as well as foreign legal entities that carry out transactions outside of the intra-community system for trading goods.**HELPDESK:** Accounts & Registry Services Department, **axialei@athexgroup.gr**, tel: +30 210 3366 776, business days 9:00–17:00  |