|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION TO RENEW A LEGAL ENTITY IDENTIFIER (LEI)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To:** | | **Hellenic Central Securities Depository S.A**. (ATHEXCSD) | | | | | | | | | | | | | Date | | | |  | | | | | |
|  | |  | | | | | | | Reference Number | | | | | | | | | |  | | | | | |
| (Filled-in by ATHEXCSD) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Data** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *With this application we authorize ATHEXCSD, as Authorised Registrant, to proceed with all the necessary actions in order for the LEI, assigned to us, to be renewaled.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | **Tax Office** | | | | | | | | | | | | | | | |
| **LEI** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | |  | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | |  | **Applicant’s Legal Representative**  **Signature:**  **Name:**  **Company Stamp:** | |
| **E- mail:** | |  |
| **Telephone number:** | |  | | |
| **Position within organisation:** | | ** Director  Company Secretary  Compliance Officer**  ** Other (please specify):\_\_\_\_\_\_\_\_\_\_** |
| 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:** | | |   **SUBMISSION:** by e-mail at[**axialei@athexgroup.gr**](mailto:axialei@athexgroup.gr)with attached a) scanned copy of signed/stamped version of this form, b) scanned copy of Legal representation document c) scanned copy of Business Registry Extract.  **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.  **HELPDESK:** Accounts & Registry Services Department, [**axialei@athexgroup.gr**](mailto:axialei@athexgroup.gr),  tel: +30 210 3366 776, business days 9:00–17:00.  The invoice to be sent at the e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |