**APPLICATION FOR PROVIDING INFORMATION IN CASE OF SUCCESSION**

To: **Hellenic Central Securities Depository S.A.** Date:Click or tap here to enter text.

Accounts & Registry Services Department

110 Athinon Ave, 104 42 Athens Gr

Email: [ars@athexgroup.gr](mailto:ars@athexgroup.gr) - phone +30 210 3366776

|  |  |
| --- | --- |
| **Applicant’s Data** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname | | | : Click or tap here to enter text. | | | |
| Name | | | : Click or tap here to enter text. | | | |
| Father’s Name | | | : Click or tap here to enter text. | | | |
| Certificate (ID/PASSPORT/OTHER) | | | : Click or tap here to enter text. | | | |
| Address (street, number, city, P.C.) | | : Click or tap here to enter text. | | | |
| Mobile phone |  | : Click or tap here to enter text. | | | |
| Email |  | : Click or tap here to enter text. | | | |
| |  | | --- | | **I am the legal heir:** | | **Deceased’s Data** | | | | | | | |
| Surname | | | : Click or tap here to enter text. | | | |
| Name | | | : Click or tap here to enter text. | | | |
| Father’s Name | | | : Click or tap here to enter text. | | | |
| T.I.N. | | | : Click or tap here to enter text. | | | |
| Certificate (ID/PASSPORT/OTHER) | | | : Click or tap here to enter text. | | | |
| Address in life (street, number, city, P.C.) | | | : Click or tap here to enter text. | | | |
| Date of Death |  | : Click or tap here to enter text. | | | |
| The above personal data will be processed, which is necessary for compliance with the legal obligations and for the execution of the work requested by this application regarding the data subject. The company "Hellenic Central Securities Depository SA" processes the above personal data taking all possible security measures and respecting the legal and regulatory framework on personal data protection (more on the "privacy statement" posted on the link of the corporate website: <http://www.athexgroup.gr/el/gdpr>).  The requested data is provided in accordance with ATHEXCSD DSS Regulation and the Decisions 10 & 18 of ATHEXCSD BoD.  **Please provide me through DSS with the following data (marked with [x])::** | | | | | | |
| The full data of the death person of the Investor’s Share after searching based on the above data | | | |  | | |
| The balance of the account as of the previous date of the death | | | |  | | |
| The present balance of the account of the death person | | | |  | | |
| The transactions of the account during the time period from Click or tap here to enter text.toClick or tap here to enter text. | | | |  | | |
| Statement of cash distributions during the time after the death date | | | |  | | |
| Attached I submit the legal documents upon which my attribute is being verified as heir. | | | | | | |
| |  |  | | --- | --- | | **I wish to receive the requested information according to the following option (only one option should be marked with [x]):** | | | Through an encrypted electronic file at the email address of the present application and notification of the access code by phone |  | | By postmail to the contact address of this application |  | | | | | |

**Applicant's signature:** Click or tap here to enter text.