**APPLICATION FOR THE ISSUANCE A LEGAL ENTITY IDENTIFIER (LEI) CODE**

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

*With this application we authorize ATHEXCSD, as Authorized Registrant, to proceed with all the necessary actions in order for the LEI, assigned to us, to be issued.*

**Applicant’s Data**

|  |  |
| --- | --- |
| Official Entity Name in Greek (only if it exists in Greek) | : Click or tap here to enter text. |
| Alternate Entity Name[[1]](#footnote-1) | : Click or tap here to enter text. |
| Anglicized Entity Name | : Click or tap here to enter text. |
| Entity Category | |  |  | | --- | --- | |  | General | |  | Branch | |  | Fund | |
| Country Legal Form | : Click or tap here to enter text. |
| Entity Legal Form | : Click or tap here to enter text. |
| Headquarters Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Legal Formation Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Business Registry Country | : Click or tap here to enter text. |
| Registration Authority | : Click or tap here to enter text. |
| Registration Authority Entity ID | : Click or tap here to enter text. |
| Legal Entity Website1 | : Click or tap here to enter text. |
| BIC1 | : Click or tap here to enter text. |
| ISIN1 | : Click or tap here to enter text. |
| Tax Country | : Click or tap here to enter text. |
| Tax Number | : Click or tap here to enter text. |
| Name of the contact person[[2]](#footnote-2) | : Click or tap here to enter text. |
| Position within the company | : Click or tap here to enter text. |
| Telephone number | : Click or tap here to enter text. |
| Mobile phone | : Click or tap here to enter text. |
| Email (up to 5 email) | : Click or tap here to enter text. |

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 | : Click or tap here to enter text. |
| Direct Exception Reason | |  |  | | --- | --- | |  | NON PUBLIC | |  | NATURAL PERSONS | |  | NO KNOWN PERSON | |  | NON CONSOLIDATING | |
| LEI of Direct Parent | : Click or tap here to enter text. |
| Direct Relationship Type | |  |  | | --- | --- | |  | IS DIRECTLY CONSOLIDATED BY | |  | IS INTERNATIONAL BRANCH OF | |  | IS ULTIMATELY CONSOLIDATED BY | |
| Direct Validation Documents | |  |  | | --- | --- | |  | ACCOUNTS FILING | |  | CONTRACTS | |  | OTHER OFFICIAL DOCUMENT | |  | REGULATORY FILING | |  | SUPPORTING DOCUMENTS | |
| Direct Qualifier Category | |  |  | | --- | --- | |  | IFRS | |  | OTHER ACCOUNTING STANDARD | |  | US GAAP | |  | GOVERNMENT ACCOUNTING STANDARD | |

|  |  |
| --- | --- |
| Headquarters Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Region | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Legal Formation Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Business Registry Country | : Click or tap here to enter text. |
| Registration Authority | : Click or tap here to enter text. |
| Registration Authority Entity ID | : Click or tap here to enter text. |

|  |  |
| --- | --- |
| Ultimate Parent | : Click or tap here to enter text. |
| Ultimate Exception Reason | |  |  | | --- | --- | |  | NON PUBLIC | |  | NATURAL PERSONS | |  | NO KNOWN PERSON | |  | NON CONSOLIDATING | | |
| LEI of Ultimate Parent | : Click or tap here to enter text. | |
| Ultimate Relationship Type | |  |  | | --- | --- | |  | IS DIRECTLY CONSLIDATED BY | |  | IS INTERNATIONAL BRANCH OF | |  | IS ULTIMATELY CONSOLIDATED BY | | |
| Ultimate Validation Documents | |  |  | | --- | --- | |  | ACCOUNTS FILING | |  | CONTRACTS | |  | OTHER OFFICIAL DOCUMENT | |  | REGULATORY FILING | |  | SUPPORTING DOCUMENTS | | |
| Ultimate Qualifier Category | |  |  | | --- | --- | |  | IFRS | |  | OTHER ACCOUNTING STANDARD | |  | US GAAP | |  | GOVERNMENT ACCOUNTING STANDARD | | |

|  |  |
| --- | --- |
| Ultimate Headquarters Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Ultimate Legal Formation Address | : Click or tap here to enter text. |
| City | : Click or tap here to enter text. |
| ZIP | : Click or tap here to enter text. |
| Country | : Click or tap here to enter text. |
| Ultimate Business Registry Country | : Click or tap here to enter text. |
| Ultimate Registration Authority | : Click or tap here to enter text. |
| Ultimate Registration Authority Entity ID | : Click or tap here to enter text. |

|  |  |
| --- | --- |
| Fund Parent | : Click or tap here to enter text. |
| Fund Parent LEI | : Click or tap here to enter text. | |
| Fund Relationship Type | |  |  | | --- | --- | |  | IS SUBFUND OF | |  | IS FEEDER TO | | |

*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:* [*https://www.athexgroup.gr/web/guest/gdpr*](https://www.athexgroup.gr/web/guest/gdpr)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The undersigned legal representative(s) of applicant named overleaf is authorized to request LEIS for the following Legal Entities (FUNDS):   |  |  |  | | --- | --- | --- | | 1. | Legal Entity Name in Greek | Click or tap here to enter text. | | Anglicized Entity Name | Click or tap here to enter text. | | 2. | Legal Entity Name in Greek | Click or tap here to enter text. | | Anglicized Entity Name | Click or tap here to enter text. | | 3. | Legal Entity Name in Greek | Click or tap here to enter text. | | Anglicized Entity Name | Click or tap here to enter text. | | 4. | Legal Entity Name in Greek | Click or tap here to enter text. | | Anglicized Entity Name | Click or tap here to enter text. | | 5. | Legal Entity Name in Greek | Click or tap here to enter text. | | Anglicized Entity Name | Click or tap here to enter text. | | 6. | Legal Entity Name in Greek | Click or tap here to enter text. | |  | Anglicized Entity Name | Click or tap here to enter text. | | 7. | Legal Entity Name in Greek | Click or tap here to enter text. | |  | Anglicized Entity Name | Click or tap here to enter text. | | 8. | Legal Entity Name in Greek | Click or tap here to enter text. | |  | Anglicized Entity Name | Click or tap here to enter text. | |  | | | | |

**Applicant’s Legal Representative Signature or other authorized person[[3]](#footnote-3):** Click or tap here to enter text.

**Applicant’s Name:** Click or tap here to enter text.

**Applicant’s Company Stamp:** Click or tap here to enter text.

1. *Optional field* [↑](#footnote-ref-1)
2. *If the contact person is a partner outside the company (eg broker, banker etc), please define.* [↑](#footnote-ref-2)
3. ***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 d) documents describing the composition of the legal entities of the group if the legal entity participates in a group of companies. Please consult the following site for more information:* [*https://www.athexgroup.gr/axialei*](https://www.athexgroup.gr/axialei) [↑](#footnote-ref-3)