**NOTIFICATION OF THE DEATH OF A BENEFICIARY TO THE D.S.S.**

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

Accounts & Registry Services Department

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| --- | --- | --- | --- |
| **Applicant’s Data** | | |  |
| Surname/Legal Entity Name | | : 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/ENTITY ID/OTHER) | | : Click or tap here to enter text. | |
| Mobile phone | | : Click or tap here to enter text. | |
| E-mail | | : Click or tap here to enter text. | |
| |  | | --- | | **I am the legal heir of:** | | **Deceased’s Data** | | **Investor share[[1]](#footnote-1)**:Click or tap here to enter text. **Securities Account**:Click or tap here to enter text. | | | | |
| 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. | |
| Date of Birth | | : Click or tap here to enter text. | |
| Certificate (ID/PASSPORT/ENTITY ID/OTHER) | | : Click or tap here to enter text. | |
| Tax Identification Number | | : Click or tap here to enter text. | |
| Security Social Number | | : Click or tap here to enter text. | |
| Date of Death |  | : Click or tap here to enter text. | |
| *The personal data will be processed, which is necessary to comply with a legal obligation and to perform the work requested by the user as the subject of the data. The company "Hellenic Central Securities Depository S.A." (ATHEXCSD) processes the above personal data taking all possible security measures and observing the legislative and regulatory framework on personal data protection, in accordance with what is specifically specified at* [*https://www.athexgroup.gr/web/guest/gdpr*](https://www.athexgroup.gr/web/guest/gdpr) | | | |
| I declare that:   * I am the legal heir of the deceased, and the personal information entered in this application is accurate. * I have read the terms and conditions of the investor death notification service ([here](https://www.athexgroup.gr/web/guest/investors-inheritance-transfers)), which I accept without reservation. * I will promptly fulfill the obligations I undertake with this application. * Any information and relevant instructions or notices from the competent ATHEXCSD services for the service of this application, I accept to be sent to the email address and/or mobile phone number stated in this application. | | | |
| I attach the Death Certificate, and I request that you register, based on it, the date of death in the deceased's Investor Share code and inform the Participants of the Securities Account so that they can transfer the securities to the special account of the deceased. | | | | | |

**Name of Applicant Participant:** Click or tap here to enter text.

**Participant’s or Applicant’s Signature[[2]](#footnote-2):** Click or tap here to enter text.

1. *The deceased’s code numbers of the Share and Securities Account in the Dematerialized Securities System (D.S.S.) are determined, if known.* [↑](#footnote-ref-1)
2. *The submission of the application in any other way than the submission of it to ATHEXCSD by the applicant himself, requires the verification of the authenticity of his signature by an administrative authority or through the gov.gr service* [↑](#footnote-ref-2)