**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

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| --- | --- | --- | --- |
| |  | | --- | | **Applicant’s Data** | | | |
| Surname / Name of the Legal Entity | | : 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/REGISTRATION NUMBER/OTHER) | | : Click or tap here to enter text. |
| Tax Identification Number | | : 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. |
| E-mail |  | : Click or tap here to enter text. |
| |  | | --- | | **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. |
| Date of Birth | | : Click or tap here to enter text. |
| Certificate (ID/PASSPORT/REGISTRATION NUMBER/OTHER) | | : Click or tap here to enter text. |
| Tax Identification Number | | : Click or tap here to enter text. |
| Social Security Number | | : 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:* [*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 taken note of the terms of providing the information service in case of inheritance as well as the related charges ([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 required legalizing documents and please, based on them, provide me with the following information from the D.S.S. (marked with [x]):   |  |  | | --- | --- | |  | The full data of the death person of the Investor’s Share after searching based on the above data. | |  | Statement of balances with valuation, for the securities that were registered in the Securities Account of the deceased on the date (status of retroactive balances).  Statement of balances with valuation, for the securities that were registered in the Securities Account of the deceased on the date**[[1]](#footnote-1)** Click or tap here to enter text. | |  | 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. **to** Click or tap here to enter text. | |  | Statement of cash distributions during the time after the death date. | | | I would like to receive the requested information according to the following (only one option should be marked with [x]):   |  |  | | --- | --- | |  | Through an encrypted electronic file at the email address of the present application and corresponding disclosure of the password. | |  | By postmail to the contact address of this application. | | | | | | |

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

1. *It is mentioned only in case of successive death.* [↑](#footnote-ref-1)
2. *The submission of the application in any other way than the submission of it by hand to ATHEXCSD by the applicant himself/herself, requires the attestation of the authenticity of his/her signature through an administrative authority or through the gov.gr service.* [↑](#footnote-ref-2)