APPLICATION FOR TRANSFERRING SECURITIES DUE TO INHERITANCE

Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request your contents and I request your contents.	(to be completed by ATHEXCSD) umber
Surname Name Profession Address Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Name Profession Address Postal Code Certification ID N° Passp. N° Other Name Profession Address Postal Code Certification ID N° Passp. N° Other Number I attach herewith the necessary legalization documents and I request your profession decomments are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request your profession decommends are profession decommends and I request yo	ed
Surname Name Profession Address Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Name Profession Address Postal Code Certification ID N° Passp. N° Other Name Profession Address Postal Code Certification ID N° Passp. N° Other Number I attach herewith the necessary legalization documents and I request your profession documents and I request y	ed
Name Profession Address Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request years.	ed
Profession Address Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Number Tax Identification Number I attach herewith the necessary legalization documents and I request years.	ed
Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request years.	ed
Postal Code Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request years.	ed
Certification ID N° Passp. N° SAReg. N° Other N Telephone Number Information Data of the Decease Investor Share: Securities A Surname Name Profession Address Postal Code Town Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request you	ed
Telephone Number Information Data of the Decease Investor Share: Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Num Tax Identification Number I attach herewith the necessary legalization documents and I request your passes.	ed
Information Data of the Decease Investor Share: Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request your	
Surname Name Profession Address Postal Code Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request you	
Surname Name Name Profession Address Postal Code Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request you	ccount :
Name Profession Address Postal Code Town Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request your	
Profession Address Postal Code Town Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request you	
Address Postal Code Town Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request you	
Postal Code Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request you	
Certification ID N° Passp. N° Other Nur Tax Identification Number I attach herewith the necessary legalization documents and I request yo	
Tax Identification Number I attach herewith the necessary legalization documents and I request you	
Number I attach herewith the necessary legalization documents and I request you	mber
	ou to proceed to the transfer due to
inheritance, based on those documents, of the securities as regards :	
all Issuers	
The following Issuers:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Date: Applicant's Signature:	