

ES-MIL 522 - STANDARD REFUND

ES-MIL participant

ES-MIL account number	_____	Contact name	_____
Address	_____		
CAP	_____	City	_____

Financial instrument

ISIN	_____	Nominal	Qty
Pay Date	YYYYMMDD	Ex Date	YYYYMMDD
ES-MIL special number ID	_____		

Beneficial owner

Name	_____	Surname	_____
Adress	_____		
Country	_____	CAP & City	_____

Date,

ES-MIL Participant signature

The participant declares that it has obtained from the beneficial owners all relevant waivers or consents related to secrecy and confidentiality of the data communicated to ES-MIL herewith, according to the applicable data protection law.