

# ES-MIL 522 – TAX VOUCHER REQUEST

## ES-MIL participant

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<b>Account ES-MIL number</b>	_____	<b>Contact name</b>	_____
<b>Address</b>	_____		
<b>CAP</b>	_____	<b>City</b>	_____

## Financial instrument

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<b>ISIN</b>	_____	<b>Nominal</b>	Qty
<b>Pay Date</b>	YYYYMMDD	<b>Ex Date</b>	YYYYMMDD
<b>ES-MIL special number ID</b>	_____		

## Beneficial owner

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<b>Name</b>	_____	<b>Surname</b>	_____
<b>Adress</b>	_____		
<b>Country</b>	_____	<b>CAP &amp; City</b>	_____

**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.