

# ES-MIL 554 – QUICK REFUND

## REQUEST FOR SECURITIES

### ES-MIL participant

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**ES-MIL Account Number****Phone****Contact Name****Fax**

### Financial instrument

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**ISIN Code****Full Description****ES-MIL Special  
Number ID****Ex Date**

YYYYMMDD

**Nominal Amount <sup>1</sup>**

Date,

**ES-MIL Participant Authorised Signature**

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<sup>1</sup> Please insert the nominal amount of the securities object of request