

ES-MIL 552 - STANDARD REFUND

ES-MIL participant

Account ES-MIL number		Phone number and Contact name		
Address			-	
CAP		City		
Financi	ial instrume	ent		
ISIN		Nominal	Qty	
Pay Date	YYYYMMDD	Ex Date	YYYYMMDD	
ES-MIL speci	al number ID			
Benefic	cial owner	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.