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.