

Claim submission form

From, resident of (Street),
with ID No. (date of issue:, issued by police station
.....), and Tax ID No. registered with the Tax Office
..... Email:

To

The company "**CAPITAL CHRIMATISTIRIAKI AEPEY**", which is under special liquidation,
with its headquarters at Mitropoleos 58, Athens, Attica, postal code 105 63, legally
represented by its special liquidator Dr. Georgios Siganidis, of Konstantinos, based on
decision No. 5/1030/22.8.2024 of the Capital Market Commission, which revoked the
company's operating license and placed it under special liquidation in accordance with
Article 90, paragraph 1 of Law 4514/2018.

I. History of the claim and analysis of the amount:

For these reasons

I declare my claim

Amount.....(.....€) EUROS to the liquidator, so that it can be
included in the list of creditors' claims.

The following documents are attached:

1. Copy of the bank account

The claimant

Please ensure that the document be issued with an Apostille to certify its legal validity.