



ES-MIL 550 – RELIEF AT SOURCE REQUEST FOR DOMESTIC SECURITIES

ES-MIL participant

Account ES-MIL number	_____	Phone	_____
Contact Name	_____	Fax	_____

Financial instrument

ISIN	_____	Full Description	_____
ES-MIL Special Number ID	_____	Ex Date	YYYYMMDD
Nominal Amount ¹	_____		_____

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.

Date,

ES-MIL Participant Authorised Signature

¹ Please insert the nominal amount of the securities object of request