

MT 522 - STANDARD REFUND

ES-MIL participant

MT account number	Contact name
Address	
CAP	City

Financial instrument

ISIN	Nominal	Qty
Pay Date	Ex Date	
YYYYMMDD	YYYYMMDD	
MT 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.