

**Organisme de centralisation
des oppositions sur titres
au porteur**

**REQUEST OF CONFIRMATION CONCERNING
STOPS ON BEARER SECURITIES**

Consignation number:

(compulsory)

I. SECURITIES

Name of the issuer:

Address of the issuer:

Nature of the securities:

ISIN:

(1 ISIN per form)

Nominal value:

Denomination	Numbers of the securities	Coupons

Number of securities:

A copy of the securities must be enclosed.

II. CLAIMANT

Name and first name:

(individual) or Name (legal entity)

A copy of the identity card (individual) or a copy of authorized signatures/ excerpt of Companies Register (legal entity) must be enclosed.

Address:

Phone Number:

Email :

VAT Number:

Date:

.....
Signature

By signing this request, the claimant agrees that the registering institution of stops on bearer securities will transmit all or part of the information in this form including (without limitation) his/her/its name and address to the Trésorerie de l'Etat - Caisse de Consignation, for the purpose of his/her/its request of restitution of cash held by the Caisse de Consignation.

The documents shall be sent by postal service or by email to the following address:

Société de la Bourse de Luxembourg — B.P. 165 - L-2011 Luxembourg — Email : oppositions@bourse.lu