


To  
NATIONAL BANK OF GREECE S.A.

Athens,

**REQUEST FOR INVESTIGATION OF/SEARCH FOR ASSETS - DUES**

SURNAME:	
FIRST NAME:	
FATHER'S NAME:	
MOTHER'S NAME:	
SPOUSE's FULL NAME:	
PROFESSION:	
TIN :	
IDENTITY CARD  OR PASSPORT No.	
ADDRESS:	
CITY/ MUNICIPALITY:	
POSTCODE:	
E-MAIL:	
TELEPHONE NO:	

Dear Sirs,

**Please inform me, after carrying out a relevant investigation:**

<input type="checkbox"/> In the specific Branches:
<input type="checkbox"/> In all NBG Branches in Greece

**whether in my name there are any:**

<input type="checkbox"/> Personal Deposit Accounts in Euro or FX
<input type="checkbox"/> Joint Deposit Accounts in Euro or FX with the following co-beneficiaries:
1.
2.
3.
<input type="checkbox"/> Bonds - Dematerialized securities
<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> Safe Deposit Boxes
<input type="checkbox"/> Shares
<input type="checkbox"/> Dues
<input type="checkbox"/> Other/ Comments/ Notes:

The Applicant

Signature

**Particulars of the proxy/ authorized person:**

FULL NAME:		The applicant proxy/ authorized person
FATHER'S NAME:		
ADDRESS:		
E-MAIL:		
TELEPHONE:		
ID No.:		
TIN:		
		Signature

**DOCUMENTATION FOR CURATORSHIP/ INSOLVENCY ADMINISTRATOR REQUESTS (Original or duly certified copies)**

**A. CURATORSHIP**

- Application to Court along with any temporary order;

**OR**

- Court judgment;
- Certificate confirming non-exercise of appeal;
- Process Server's reports of the aforementioned court judgment

**B. INSOLVENCY ADMINISTRATOR (BANKRUPTCY RECEIVER)**

- Report prepared by the Rapporteur of the Bankruptcy Department of the competent Court regarding granting permission to banks to carry out controls;
- Copy of the competent Court's decision regarding declaration of bankruptcy by a legal entity or individual stating the date of cessation of payments;
- Statement appointing the applicant as insolvency administrator (bankruptcy receiver) of the individual or legal entity that is the subject of the search/investigation.