

Request Form

Please fill in all the following fields in order to ensure the successful handling of your request.

In case you represent a third party please state in the following form the data of the person you represent and attach:

- 1. An authorization with verification of the signature from a government authority, the police or gov.gr
- 2. A copy of your identity card or passport.

NAME/COMPANY'S NAME (FOR LEGAL E	NTITIES)
CURNAME	•
SURNAME	
TAX IDENTIFICATION NUMBER	_
	1
CORRESPONDENCE ADDRESS]
TELEPHONE NUMBER	
	J
MOBILE TELEPHONE NUMBER]
E-MAIL	

1

Cepal Hellas Financial Services Single Member Société Anonyme - Servicing of Receivables from Loans and Credits

209-211 Syggrou Avenue,

171 21, Nea Smirni Attiki, Greece

Tel. +30 213 0887600



REQUEST TOPIC

Debt Settlement/Request for Debt Settlement Payment Certificate for Debtors (including Debtors under L. 3869/2010) Debt Certificate for Debtors (including Debtors under L. 3869/2010) Authorisation/Power of Attorney Legalization of heirs Legalization of Companies Payment of Debtors' Installments (including Debtors under L. 3869/2010) Paid off Certificate Copy of Contract Dispute Request/ transaction Platforms: L.4605/2019 (Law on the protection of the main residence) / L.4469/2017 (Extrajudicial Debt Settlement Mechanism_OCW) / N.4738/202 (New Bankruptcy Law) / L.4714/2020 (Gefira I Programme) / Law 4790/2021 (Gefira II Programme) Insurance contract Declaration for the lien release/lien release Update of Personal Information Code of Conduct Other PLEASE DESCRIBE YOUR REQUEST IN DETAIL:	0

2

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If you wish you may attach all relative material at your request. Means of Communication:
In what way would you like to be informed about your request?
O By email O At my correspondence address
I hereby certify, fully aware of the provisions of the law for false statement, that all data included in the above Request form is accurate and valid and that Cepal has the right to verify.
Signature
Date