FORM FOR WITHDRAWAL OF A STATEMENT OF CLAIM*

ATTENTION:	Greffe du Tribunal d'Arrondissement Luxembourg
EMAIL*:	tal.chambre06@justice.etat.lu
WITH A COPY TO*:	info@esfilinsolvency.lu
FROM:	CREDITORS' NAME
DATE:	
PAGE COUNT:	(including this cover page)
RE:	**ESFIL - ESPIRITO SANTO FINANCIERES.A. – Faillite n°541/2014** **WITHDRAWAL OF STATEMENT OF CLAIMS**

Dear Sirs,

I, the undersigned [NAME] + [surname], residing in [ADDRESS], hereby request the withdrawal of my claim from the insolvency mass of the company ESFIL - ESPIRITO SANTO FINANCIERE SA as at the date of receipt of this fax.

You will find enclosed[1] a copy of my statement of claim that I kindly request you to withdraw from the list of creditors of the company ESFIL - ESPIRITO SANTO FINANCIERE SA.

I acknowledge and confirm being perfectly informed of the consequences of the withdrawal of my statement of claim and, by sending this letter, I hereby request the Greffe du Tribunal d'arrondissement in Luxembourg to inform Me Laurence Jacques, in her capacity as receiver, of such withdrawal.

I further confirm that Me Laurence Jacques is authorised to inform Euroclear/Clearstream/Interbolsa, of my decision to withdraw my request to be admitted as a creditor of ESFIL - ESPIRITO SANTO FINANCIERE SA.

Yours sincerely,

NAME + SURNAME + SIGNATURE

[1] A copy of your statement of claims must be attached to effect the withdrawal.

*Last update : 2026