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@esfginsolvency.lu
FROM:	CREDITORS' NAME
DATE:	
PAGE COUNT:	(including this cover page)
RE:	**Espirito Santo Financial Group S.A. – Faillite n°542/2014** **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 ESPIRITO SANTO FINANCIAL GROUP 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 ESPIRITO SANTO FINANCIAL GROUP 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 ESPIRITO SANTO FINANCIAL GROUP SA.

Yours sincerely,

NAME + SURNAME + SIGNATURE

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

*Last update : 2026