

**FORM FOR WITHDRAWAL A STATEMENT OF CLAIM ALREADY FILED WITH THE LUXEMBOURG COURT FOR
ESPIRITO SANTO FINANCIAL GROUP SA (542/2014)**

Creditor identification ¹	
Name, Surname/ Company name	
Address/ Registered office	
E-mail address	
Information on the statement of claim already filed with the Luxembourg Court	
Grefe number (mentioned in the attached letter)	
Nominal Value	
Interest amount	
ISIN ²	<input type="checkbox"/> XS0997539274 <input type="checkbox"/> XS0458566071 <input type="checkbox"/> XS0717615099
Euroclear/Clearstream Blocking Number	

I 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 enclosed³ 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 by fax to the Luxembourg Court (00352 47 59 81 540) AND by email to the bankruptcy receiver (info@esfginsolvency.lu) *, I hereby also 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,

Signed in:

Date:

Signature⁴ (NAME + SURNAME):

¹ **The form must refer to the creditor who signed the Filed Statement of Claim – the information must be IDENTICAL**

² Tick the checkbox of the concerned ISIN code

³ **A copy of your statement of claims and your identity card must be attached.**

⁴ **The creditor who signed the Filed Statement of Claim must be the signatory for this Form.**