

STANDARD FORMAT FOR FILING CLAIMS

FILING A CLAIM (To be sent by the customer to Elyan Partners SAS)

1.a Personal data of the claimant

NAME/ NAME OF THE LEGAL ENTITY	FIRST NAME	REGISTRATION NUMBER AND LEI (if applicable)	
ADRESS: Street, number, floor (Statutory seat for companies)	POSTAL CODE	CITY	COUNTRY
PHONE		EMAIL	

1.b Coordinates (if different from 1.a)

NAME/ NAME OF THE LEGAL ENTITY	FIRST NAME	REGISTRATION NUMBER AND LEI (if applicable)	
ADRESS: Street, number, floor (Statutory seat for companies)	POSTAL CODE	CITY	COUNTRY
PHONE		EMAIL	

2.a Personal details of the legal representative (if applicable)

Provide a power of attorney or any other official document as proof of the representative's appointment

NAME/ NAME OF THE LEGAL ENTITY	FIRST NAME	REGISTRATION NUMBER AND LEI (if applicable)	
ADRESS: Street, number, floor (Statutory seat for companies)	POSTAL CODE	CITY	COUNTRY
PHONE		EMAIL	

2.b Coordinates (if different from 2.a)

NAME/ NAME OF THE LEGAL ENTITY	FIRST NAME	REGISTRATION NUMBER AND LEI (if applicable)	
ADDRESS: Street, number, floor (Statutory seat for companies)	POSTAL CODE	CITY	COUNTRY
PHONE	EMAIL		

3. Information about the complaint

3.a Complete reference of the investment or contract to which the claim relates (i.e. the reference number of the investment, the name of the holder of the project/company or crowdfunding project, other references of the transactions in question...)

3.b Description of the subject of the complaint. Please clearly specify the subject of the complaint. Please provide documents supporting the facts mentioned.

3.c Date(s) of the facts causing the claim

3.d Description of damage, loss or damage caused (if applicable)

3.e Other relevant remarks or information (if applicable)

Made at (Place), On (date)

Signature

CLAIMANT/LEGISLATORY REPRESENTATIVE

Documents provided (please check the corresponding box):