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| Facsimile Transmission | |
| **Attention:** | Greffe du Tribunal d'Arrondissement Luxembourg |
| **Your Fax:** | 00352475981540 |
| **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]](#footnote-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 consequesces 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. [↑](#footnote-ref-1)