**ИНФОРМАЦИОННЫЙ ЗАПРОС №** \_\_\_\_\_\_\_ **от «** **»**  г.

|  |  |
| --- | --- |
| **ПОЛНОЕ НАИМЕНОВАНИЕ ДЕПОНЕНТА** |  |

**ТИП ЗАПРОСА**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **выписка об остатках на дату (конец операционного дня):** | | | | | | | | | | | | |  |  | **отчет об операциях за период:** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | **/** |  |  | **/** |  |  |  |  |  |  | | **с** |  |  | | **/** |  |  | **/** |  |  |  |  | **по** |  |  | **/** |  |  | **/** |  |  |  |  |
|  | |  | |  | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | **по всем выпускам** | | | | | | | | | | |  |  |  | | **по всем операциям** | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | **по выпуску** | | | | | | | | | | |  |  |  | | **по единичной операции** | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | **по эмитенту** | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | |

**НОМЕР СЧЕТА ДЕПО РАЗДЕЛ СЧЕТА ДЕПО**

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*Заполняется при запросе по конкретному выпуску, эмитенту или операции*

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| **финансовый инструмент** |  | | |
|  | (полное / краткое наименование эмитента) | | |
|  |  |  |  |
|  | (тип: ао/ап, паи, облигации, др., выпуск) | (рег. №) | ISIN |

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| --- | --- |
| **ПОЛНОЕ НАИМЕНОВАНИЕ контрагента** |  |

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| --- | --- |
| **Основание операции** |  |

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| **ОТ ДЕПОНЕНТА  Распорядитель счета** |  |  |  |  |
|  | **(Должность руководителя)** |  |  |  |
|  | **(подпись)** | **МП** | **ФИО** |  |

*(для юридических лиц)*

*Заполняется работником Депозитария*

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| Дата приема |  |  | / |  |  | / |  |  |  |  | Подпись |  |  |  |  |  |

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| Время приема |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата исполнения |  |  | / |  |  | / |  |  |  |  |