

HOME MEMBER STATE DISCLOSURE FORM

- 1.* Issuer Name: Odde et Cie
- 1.bis. Formerly known as¹: _____
- 2.* Registered office: France Paris
3. LEIⁱⁱ: 9695002I9DJHZ3449O66
- 3.bis National company register numberⁱⁱⁱ: _____
- 4.* Home Member State^{iv}: France
- 5.* Triggering event^v:

- Issuer of shares admitted to trading article 2(1)(i)(i)
- Issuer of debt securities denominated less than EUR 1,000 admitted to trading article 2(1)(i)(i)
- Issuer of other securities^{vi} article 2(1)(i)(ii)
- Change of home Member State article 2(1)(i)(iii)

- 6.* Member State(s) where the issuer's securities are admitted to trading^{vii}:

	Shares	Debt securities < 1000€	Other securities
Austria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belgium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denmark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. bis. Former home Member State (if applicable)^{viii}:
(please select)

7. NCAs the form is required to be filed with:

8*. Date of notification:

11-févr.-2016

9. Start date of 3 year period^{ix}:

11-févr.-2016

10. Additional information^x :

11.* Contact details:

Issuer's address:

Oddo et Cie
12, boulevard de la Madeleine
75009 Paris - France

Person responsible within the issuer for
the present notification:

Pierre-Emmanuel Charrette / RCSI

E-Mail address:

pcharrette@oddo.fr

Telephone:

33 (0)1 44 51 81 64

(*Mandatory information)

Reset form