

Date:

LEI Transfer Request Form*

Entity name: _____
Name

- LEI of the Legal Entity: _____
LEI

- Name and LEI of the Sending LOU: _____
Name - Sending LOU
- _____ LEI

- Name and LEI of the Receiving LOU: _____
Name - Receiving LOU
- _____ LEI

The undersigned representative _____
Name, function

Declares that:

- the applicant with the user name: _____
User name
- is duly empowered to submit the application in the name and on behalf of the Legal Entity and agrees that the e-mail entered in the application is used as the default communication method for any issue regarding LEI services,
- has read and accepted the Terms and Conditions of the eLEI and the Price list,
 - entity permits the Receiving LOU to forward the contact information (stated below) of the Authorized Representative of the Legal Entity to the Sending LOU,
 - entity waives the Sending LOU to pass on this information to the Sending LOU's existing contact for the Legal Entity,
 - agrees that AJPEs keeps contact and other personal information provided in the online application form of the eLEI application and processes them for the purpose of performing the tasks of the Local Registration Authority (LOU) of the LEI system, in accordance with the applicable regulations governing the protection of personal data.

Grounds for transfer (only for MERGED or RETIRED LEIs):

Contact information:

- Name:
- Telephone:
- E-mail:

Stamp and signature

* Upload the scanned copy of the completed statement to the web application.