Letter of Authorisation

To whom it may concern:

We authorise the following Legal Entity and/or persons acting on behalf of said Legal Entity to apply for and/or manage Legal Entity Identifiers (LEI) on our behalf. In addition, they are authorised to sign the LEI.net Terms of Service contract published [here](https://www.lei.net/documents/), and they can perform all duties required to manage the LEI on our behalf.

We confirm that we wish to maintain our LEI with Bundesanzeiger Verlag GmbH, a GLEIF accredited LEI issuer (LOU) with assistance of the Authorised Entity detailed below, which is a Registration Agent and Partner of Bundesanzeiger Verlag GmbH.

After the transfer, we agree to renew our LEI number with Bundesanzeiger Verlag GmbH.

We understand that to complete the LEI renewal process our LEI will be transferred from the current LEI provider to Bundesanzeiger Verlag GmbH. We also agree that the contact details of the Legal Entity representative will be forwarded to the current LEI provider for transfer approval.

**TRANSFER DETAILS:**

Transferred from: **[Select LEI Issuer from list]**

Transferred to: **Bundesanzeiger Verlag GmbH, LEI: 39120001KULK7200U106, https://www.leireg.de**

**AUTHORISED ENTITY:**

**RA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RA Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POWER OF AUTHORISATION DETAILS:**

*We certify that we are authorised to grant to the following Legal Entity, permission as described above.*

**Legal Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Entity Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name(s), Last Name(s) (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature(s), Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**