Sample Letter of Authorization

for the Application of a Single Legal Entity Identifier

Important:

* Natural persons as authorized representatives: The information must correspond to the applicant in the user account.
* Legal entity as authorized representative: The information must correspond to the applicant in the user account.
* Please note that the principal must be officially authorized to issue a representative authority. WM Datenservice will compare this authorization with the data available in the official commercial register.

Please upload the Letter of Authorization in PDF format during the process of the LEI application in the menu item “Applicant is authorized to apply on behalf of this legal entity ...“

We do not require that you send an original copy of the authorization via regular mail.

(Company)

(PO Box or Street)

(City, Postal / ZIP Code and Country)

Herausgebergemeinschaft   
WERTPAPIER-MITTEILUNGEN   
Keppler, Lehmann GmbH & Co. KG

WM Datenservice

LEI-Helpdesk

Postfach 11 09 32  
60044 Frankfurt am Main

Germany

Letter of Authorization for the Application of a Single Legal Entity Identifier

Dear Sir or Madam,

The following representative(s)1 are hereby authorized to apply for and manage Legal Entity Identifiers on our behalf (above named entity). Furthermore, they are authorized to issue the declarations of intent necessary for these purposes and to take all measures required in this context.

1. Natural persons as authorized representatives:

Last Name, First Name

|  |
| --- |
|  |

Last Name, First Name

|  |
| --- |
|  |

Department/Corporate Division

|  |
| --- |
|  |

OR

1. Legal entity as authorized representative:

Name of Legal Entity

|  |
| --- |
|  |

Department/Corporate Division

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Signatory, Position Second Signatory (if applicable), Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name, First Name (please print) Last Name, First Name (please print)

Position as per Commercial Register:

🞏 Managing Director  by proxy (p.p.) 🞏 Managing Director  by proxy (p.p.)

🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1Authorized representative(s) means either one or further natural or legal persons (service providers etc.). Please fill in the Letter of Authorization accordingly.