**TRANSFER REQUEST FORM**

Legal Entity Identifier India Ltd.

CCIL Bhavan,

S.K Bole Road,

Dadar (West)

Mumbai 400028.

**LEI of Legal Entity:**

Legal Name of Legal Entity:

Name of Authorized Representative of Legal Entity:

**Telephone No:**

**Email ID:**

LEI of the Receiving LOU: 335800FVH4MOKZS9VH40

LEI of the Sending LOU:

1. This request is deemed to be a waiver for **Receiving pre-LOU (LEIL)** to forward the contact information of the authorized representatives of the Legal Entity to the Sending pre-LOU **{Name of the LOU}** and also shall be deemed to be a waiver for the Sending pre-LOU to forward on this information to the contact person of the below mentioned legal entity.
2. I confirm and undertake that the Legal Entity has an “Active” Status as per the GLEIF guidelines issued for LEI.
3. I agree and undertake to submit the necessary documents as required to be submitted notified by LEIL for processing the porting request.
4. The information disclosed by me above is true and correct to the best of my knowledge and belief.

Signature of the Authorized Representative of Legal Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Designation:

Legal Entity Name:

Registered Office Address:

Date: