



GLOBAL  
LEGAL  
ENTITY  
IDENTIFIER  
FOUNDATION

## **Certification of LEI Mapping** Internal Controls Checklist

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**Checklist Instructions**

- Please complete Sections A, B and C after completion of the Non-Disclosure Agreement when requested by Business Operations.
  - Please ensure that supporting documentation is provided wherever noted.
  - Please focus your responses **ONLY** on the systems, tools, applications, practices and procedures which directly relate to the development and production environment for the mapping application(s).
  - Please be as specific and limited as possible.
  - You will be asked to complete Sections D–F of the Checklist after signing the Cooperation Agreement.
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<a href="#">A Contact Details</a>
<a href="#">B Entity Structure</a>
<a href="#">C Financial Data, Audits and General Governance</a>
<a href="#">D Records Management</a>
<a href="#">E Software Development</a>
<a href="#">F Operations Assessment</a>

## General Information for Certification of Mapping Documentation Submission

→ Required Documentation to be Submitted with Checklist Responses

### A Contact Details

#### Legal Name of Mapping Partner

#### LEI (20 Alphanumeric Characters)

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#### URL of Mapping Partner

#### Parent/Grandparent/Owner/Governing Organization if applicable

#### LEI of Parent/Grandparent/Governing Organization if applicable

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#### VAT No. if applicable

#### Submission Date (YYYY-MM-DD)

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Checklist A–C attached

Checklist D–F attached

#### Internal Project Manager

Name

Title

E-mail

Phone

#### Authorized Representative

Name

Title

E-mail

Phone

#### Key Contact Operations

Name

Title

E-mail

Phone

#### Key Contact Finance

Name

Title

E-mail

Phone

Are you including any third-party assurance reports as part of this application?

Yes

No

To be obtained

If Yes, please list the following:

Type of report

Report expiry date

--	--	--	--	--	--	--	--

Date of report

--	--	--	--	--	--	--	--

Service provider

Certificate attached?

Yes

No

In submitting this document, I confirm that, to the best of my knowledge, my organization is in compliance with or is able to become compliant with the requirements of GLEIF reflected in the Cooperation Agreement as of the date of this document unless otherwise noted.

#### Authorizing Representative Signature\*

#### E-Signature

Name

Title

E-mail

Phone

#### Date (YYYY-MM-DD)

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\* Please note: the Authorized Representative may sign this form physically or electronically.

## General Information for Certification of Mapping Documentation Submission

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### B Entity Structure

Legal Name of Mapping Partner

Please provide your most recent Annual Report/Financial Statements

#### Statement of Beneficial Ownership

Please list all entities which have  
>20% ownership stake in your organization

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LEI#

%

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## General Information for Certification of Mapping Documentation Submission

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### C Financial Data, Audits and General Governance

Legal Name of Mapping Partner

#### Financial Data, Audits and General Governance

	Xref to Docs Provided	Yes	No	N/A	Additional Documentation Requested
	Please cite document and page #	Please check one			
<b>1. General Questions – Going Concern</b>					
1.1 Do you have a formal budget for this project?					→ Please provide budgets and explain financial assumptions, volume estimations, operating budget, expenses, etc.
1.2 Do you fully expect your organization to fund this activity for the foreseeable future?					→ Please briefly explain your long-range business objectives.
<b>2. General Questions – Specific Mapping Service Operations</b>					
2.1 Are you currently involved with any litigation matters which could effect your mapping services?					→ Provide a summary of all relevant litigation, arbitration, claims and proceedings.
2.2 Are you subject to regulatory compliance requirements which could affect your mapping services?					→ Please list all relevant governmental regulatory agencies and the applicable regulations with respect of LEI activities.

## General Information for Certification of Mapping Documentation Submission

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### D Records Management

Legal Name of Mapping Partner

#### Records Management

	Xref to Docs Provided	Yes	No	N/A	Please provide a brief narrative
	Please cite document and page #				Please check one
1. Is a particular function responsible for all aspects of record retention as per your established internal policies? What is your testing process and periodicity?					
2. Is periodic training provided to all relevant personnel (including employees, contractors and temporary staff) to make them aware of your Records Management procedures?					
3. Do you maintain the following:					
3.1 All software including program logic and algorithms and supporting systems/software and utilities?					
3.2 Do you know where all items in 3.1 are physically located and who and how secure custody is maintained?					
3.3 Do you utilize test, demo or guest accounts and/or data?					
4. Do you ensure access to relevant records is restricted to only those employees who are appropriately authorized and need access to perform their duties?					
5. Do you ensure control procedures relating to the physical and environmental protection of relevant records, including archived data is in place and functioning properly?					
6. Do you ensure relevant records are only destroyed in compliance with your procedures and any contractual, local or legal requirements?					

## General Information for Certification of Mapping Documentation Submission

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### E Software Development

Legal Name of Mapping Partner

#### Software Development

	Xref to Docs Provided	Yes	No	N/A	Please provide a brief narrative
	Please cite document and page #	Please check one			
1. Do you have a document which describes the software development tools and environment in place for the mapping application and supporting applications as applicable?					
2. Do you have a formal process for developing and approving new software? And software changes?					
4. Do you have a formal process in place for identifying, tracking and correcting software errors/bugs?					
5. Do you have standard IT service management processes in place? This would include a patching process and upgrade/update policies and procedures.					

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### F Operations Assessment

Legal Name of Mapping Partner

	Xref to Docs Provided	Yes	No	N/A	Additional Documentation Requested
	Please cite document and page #	Please check one			
<b>1. Do you have in place procedures to review possible matches given:</b>					
a. the relevant reference data associated with the LEI or your record changes (for example, address or legal name, etc.)?					→ Please provide supporting documentation, such as policies or procedure manual sections.
b. the registration status of the LEI changes <b>to merged, retired, annulled or duplicate?</b>					→ Please provide supporting documentation, such as policies or procedure manual sections.
c. your identifier record changes to an equivalent status of <b>merged, retired, annulled or duplicate</b> (as applicable)?					→ Please provide supporting documentation, such as policies or procedure manual sections.
d. Do you check for such events frequently? Please specify your frequency.					→ Please provide supporting documentation, such as policies or procedure manual sections.



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Chairman of the Board: Gerard Hartsink

Chief Executive Officer: Stephan Wolf

LEI of GLEIF: 506700GE1G29325QX363

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