

# Certification of LEI Mapping

**Internal Controls Checklist** 



A Contact Details	3
B Entity Structure	4
C Financial Data, Audits and General Governance	
D Records Management	
E Software Development	
F Operations Assessment	

### **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.

	<b>-</b>		act	 	-:1	۱_
Δ	เ .ด	nt	acı	 ет	all	ıs

Legal Name of Mapping Part	tner			VAT No. if applicable	
LEI (20 Alphanumeric Charac	cters)			Submission Date (YYYY-MM-DD)	
URL of Mapping Partner					
Parent/Grandparent/Owner	/Governing Organiza	tion if applicable		Checklist A–C attached	
LEI of Parent/Grandparent/G	Governing Organizati	on if applicable		Checklist D–F attached	
Internal Project Manager			Authorized Representat	ive	
Name			Name		
Title			Title		
Email			Email		
Phone			Phone		
<b>Key Contact</b> Operations			<b>Key Contact</b> Finance		
Name			Name		
Title			Title		
Email			Email		
Phone			Phone		
Are you including any	Yes	If Yes, please list the foll	lowing:		
third-party assurance reports as part of this	No	Type of report		Date of report	
application?	To be obtained				
		Report expiry date		Service provider	
In submitting this document, compliance with or is able to Cooperation Agreement as a	become compliant w	rith the requirements of Gl	EIF reflected in the	Certificate attached? Yes	No
Authorizing Representative S	Signature*				
E-Signature			Date (YYYY-MM-DD)		
Name					
Title					
Email					
Phone					

Required Documentation to be Submitted with Checklist Re	sponses	
B Entity Structure		
Legal Name of Mapping Partner		
Please provide your most recent Annual Report/Financial S	tatements	
Statement of Beneficial Ownership		
Please list all Entities which have > 20 %	LEI#	%

General Information for Certification of Mapping Documentation Submission

ownership stake in your organization

### C Financial Data, Audits and General Governance

# Legal Name of Mapping Partner

# Financial Data, Audits and General Governance

Type of Document	Xref to Docs Provided	Yes	No	N/A	Additional Documentation Requested
	Please cite document and page #		Please check o	one	
1. General Questions - Going Concern					
1.1 Do you have a formal budget for this project?					> Please provide budgets and explain financial assumptions, volume estimations, operating budget, expenses, etc.
Do you fully expect your organization to fund this activity for the foreseeable future?					> Please briefly explain your long-range business objectives.
2. General Questions – Specific Mapping Service Operations					
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.
re 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.

# D Records Management

# Legal Name of Mapping Partner

Records Management	Re	ecc	ord	s N	Иa	ına	ge	m	ent
--------------------	----	-----	-----	-----	----	-----	----	---	-----

Тур	be of Document	Xref to Docs Provided	Yes	No	N/A	Please provide a brief narrative
		Please cite document and page #		Please check o	ne	
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?					

E	So.	f+w	<i>,</i> ~ 1	_	Dev	70	ı	nm	ام	nŧ
_	30	ιιn	/UI	e	Dev	ve	ıo	DH.	ıeı	m

Legal N	lame of	Mapp	ing F	artner
---------	---------	------	-------	--------

Software Development	s	of	tw	ar	e I	Эe	ve	lo	р	m	е	'n	t
----------------------	---	----	----	----	-----	----	----	----	---	---	---	----	---

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

# F Operations Assessment

# Legal Name of Mapping Partner

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



Global Legal Entity Identifier Foundation (GLEIF) St. Alban-Vorstadt 5, PO Box 4002 Basel Switzerland

# gleif.org

Chair of the Board: Teresa Glasser Chief Executive Officer: Alexandre Kech LEI of GLEIF: 506700GE1G29325QX363

© 2024 All rights reserved