

REQUEST FOR DATA CHALLENGE OF LEI (legal person)

LEGAL PERSON DATA:

LEGAL PERSON DATA (mandatory data)

LEI:

Legal Name:

LEGAL PERSON DATA (fulfill only those that are subject to data challenge)

Legal Name:

Other Entity Name:

Business Register Number:

Legal Address:

Street and House Number:

City: ZIP:

Country:

Headquarters Address:

Street and House Number:

City: ZIP:

Country:

Other Address:

Street and House Number:

City: ZIP:

Country:

Business Register Data (Name and Country):

Legal Form:

Data on eventual expiration of the legal entity:

Expiration Date: LEI of Successor Entity:

Expiration Reason: Merger Liquidation

Acquisition Other:

CONTACT PERSON DATA:

Name and Surname:

Phone Number: e-mail:

Street and House Number:

City: ZIP:

Country:

The request should be sent to: KDD d.d., Tivolska 48, 1000 Ljubljana, or kddlei@kdd.si

Date:

Signature of the contact person: