# Registration of entity reporting MiFIR transactions

# to the Danish FSA’s TRSII - test environments

Submitting Entity which must report MiFIR transactions

|  |
| --- |
| **Name of Submitting Entity** |
|  |
| **LEI code for Submitting Entity** | **Submitting Entity’s Source IP address**  |
|  |  |

Type of Submitting Entity:
(State the type(s) which the entity is expected to be)

|  |  |  |
| --- | --- | --- |
| **ARM (State national authority)** | **Trading venue(Tick off)** | **Securities dealer(Tick off)** |
|  |  |  |

## Contact persons in case of IT issues:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **E-mail**  | **Telephone No** | **Role**(project manager, architect, developer, network technician, etc) |
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| --- |
| **Binding signature of Submitting Entity** |
| *Place and date* |
| *Name and title* |
| *Signature* |

Please fill in the form, sign, scan and forward to the email address of the Danish FSA: SEKO4-postkasse@ftnet.dk

**Guideline for filling in the form**

1. Information about the enterprise which is the Submitting Entity:
* Name of enterprise must be the full legal name
* LEI code must be valid for the enterprise
* Source IP-address: The enterprise’s outbound IP address must be whitelisted in firewall before the SFTP server
1. Type of Submitting Entity – here the entity states which type(s) of enterprise it expects to be.
If the enterprise expects to be an ARM, it must also fill in the name of the supervisory authority from which it expects to obtain permission.
2. Information about the contact persons which the Danish FSA can contact with information about the IT system. For each contact person please state:
* Full name of the contact person
* Company e-mail address of the contact person – preferably a common mailbox
* Telephone number of the contact person.
* Role of the contact person in the enterprise in relation to MiFIR reporting to TRSII
* In case of change of contact person, please inform the Danish FSA at SEKO4-postkasse@ftnet.dk with details about the person(s) no longer acting as contact person(s) and the person(s) acting as new contact person(s).
1. Signature:
The form must be signed before submission to the Danish FSA.