**Power of Attorney**

**Principal:**

Full Name:

Permanent Address:

Date of Birth: Personal Identification Number:

Primary Document – Type: Number:

Secondary Document – Type: Number:

**Agent:**

Full Name

Permanent Address:

Date of Birth: Personal Identification Number:

I, the undersigned Principal, hereby fully empower and permit the Agent to:

* file an application for:
	+ a standard commercial certificate \*)
	+ a comfort commercial certificate (i.e. a certificate stored on a smart card)\*)
	+ a technological certificate (for servers)
	+ a standard qualified certificate \*)
	+ a comfort qualified certificate (i.e. a certificate stored on a smart card)\*)
	+ a system certificate
* receive the certificate afterwards and to receive a smart card including security elements (i.e. PIN and PUK) in the case of the comfort certificates
* sign any agreements relating to the issuance of the certificates

This Power of Attorney shall be effective until:

In dated

....................……………... …………………………….

 Principal’s signature Agent’s signature

***The signatures on the Power of Attorney must be authenticated!***

\*) Delete where not applicable