Power of Attorney

Principal:
 Company Name:…………………………………………………………………………………
 Registered Office:……………………………………………………………………………..
 ID No.: ……………………………………………

Authorized Representative:
 Full Name:…………......................................…………………………………….
 Permanent Address:……………………….......................…………………………
 Date of Birth: ....……………Personal Identification Number:………...........………………

Agent:
 Full Name:…………………………………………….........................……
 Permanent Address:………………………………...................……………………..
 Date of Birth: ....……………Personal Identification Number:………...........………………
 National Identity Card Number: …………………………………………………

The undersigned Principal hereby fully empowers and permits the Agent to perform the following acts relating to the provision of services of I.CA, a.s.:

- application for a system certificate
- application for a subsequent system certificate
- revocation of a system certificate

with respect to a certificate issued for the legal entity: ………………………………………

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!