Power of Attorney

Principal
Full Name: …………………………………………………………………………...
Permanent Address:………………………………………………………………………
Date of Birth:……………………… or Personal Identification Number: ………………….…
Primary Document – Type: …………………………. Number: …………………….………..
Secondary Document – Type: ………………….. Number: ………………………………..

Agent
Full Name: ………………………………………………………………….
Permanent Address: …………………………………………………………………………..
Date of Birth: …………………. or Personal Identification Number: ……………….……

I, the undersigned Principal, hereby fully empower and permit the Agent to:
- file an application for:

    a commercial certificate (potential a certificate stored on a smart card)
    a commercial certificate for servers, technological certificate
        "CN" (device name): …..……………………………………………………..
    a system certificate
        "CN" (certificate name): …………………………………………………..

    a qualified certificate for eSign (potential a certificate stored on a smart card)
    a qualified certificate for eSeal for SK
        "CN" (organization name or shortened name, identification of equipment or ICT
    component can be appended): ………………………………………………………

- to receive the certificate - if the certificate is stored in the smart card, also to take over the smart card including the security features (PIN and PUK) and any smart card readers
- 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!