## Power of Attorney to represent the Company

Principal – statutory deputy	
Full Name:	
Post (Chairman/Bord Member, Executive)	):
Permanent Address:	
Date of Birth:	
National Id Card type:	No.:
Representet company:	
Company:	
Headquartes:	
ID:	
Agent	
Full Name:	
Permanent Address:	
Date of Birth:	
Agent certificate will be used in accordance issued, in ensuring activities for the compar	e with the certification policy under which the certificate was ny he procures.
Agent's signature confirms the accuracy of	data and accepts Power of Attorney.
This Power of Attorney is valid until:	
In dat	ie
principal´s signature <sup>1)</sup>	Agent's signeture
statutory deputy	Agent's signature

<sup>1)</sup> The signature on the Power of Atorney must be notarized verified.