

# 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 certificate
- application for a subsequent certificate
- revocation of a 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!***