

# Power of Attorney

## Principal

Company Name:.....  
Registered Office:.....  
ID No.: ..... (according to national Commercial register)

## Authorized Representative

Full Name:.....  
Permanent Address:.....  
Date of Birth: .....  
Personal Identification Number:..... (fill only in case Czech or Slovak person)

## Agent

Full Name: .....  
Permanent Address:.....  
Date of Birth: .....  
Personal Identification Number:..... fill only in case Czech or Slovak person)  
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
- 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!***