

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

“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!***