

Power of Attorney

Principal

Company Name:.....

Registered Office:.....

ID No.: (according to national Commercial register)

Authorized Representative:

Full Name:.....

Permanent Address:.....

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

Agent:

Full Name:.....

Permanent Address:.....

Date of Birth: or 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.:

a qualified certificate for eSeal 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!***