

POWER OF ATTORNEY

Name, surname:

Address (permanent residence):

Birth number (date of birth) / Identification number:

(hereinafter referred to as "Authorizing Person")

hereby grants a power of attorney

to

Name, surname:

Address (permanent residence):

Birth number (date of birth):

(hereinafter referred to as "Authorized Person")

to

represent the Authorizing Person in negotiation with **AKCENTA CZ a.s.**, in particular to:

a) enter into, change or terminate the Framework Agreement on the Provision of Payment and Investment Services (hereinafter referred to as the "Framework Agreement") with AKCENTA CZ a.s. on behalf of the Authorizing Person;

b) provide AKCENTA CZ a.s. with the names of persons authorized by the Client to act on behalf of the Client, to make transactions and place payment orders in the Client's name and for its account, as well as to use any other services specified in the Framework Agreement and to sign Confirmations and payment orders, all to the extent and in the manner as specified in Schedule No. 1 to the Agreement;

c) provide AKCENTA CZ a.s. with all of the information that is required by AKCENTA CZ a.s. for the provision of services to the Client;

d) all related acts in regard to the Framework Agreement.

The Authorized Person is obligated to act solely himself/herself and is **not entitled** to grant a power of attorney in the above mentioned matters to any other person.

Date, place

.....
Authorizing Person

.....
Authorizing Person

Date, place
I hereby accept the power of attorney.

.....
Authorized Person

All signatures have to be notarized by a notary public.