POWER OF ATTORNEY LEGAL ENTITY

NOTE: THIS POWER OF ATTORNEY WILL NOT BE RETURNED TO THE APPLICANT AFTER THE REQUIRED ACT HAS BEEN TAKEN.

PRINC	CIPAL	
Name of legal entity:	ID No.:	VAT No.:
Business address Street, Building No./Orientation No., City:		Country:
A. AUTHORISED PERSON ACCORDING TO APPROPRIATE RECORDS (BUSTIES) Degree, name, surname:	SINESS REGISTER, ETC.)	Surname at birth:
Date of birth:	Personal ID number:	
Type of document: □ identity card □ passport	Document number:	
Residential address Street:	Building No./ Orientation No.:	Postal Code:
City:	Country:	
B. AUTHORISED PERSON ACCORDING TO APPROPRIATE RECORDS (BUS Degree, name, surname:	SINESS REGISTER, ETC.)	Surname at birth:
Date of birth:	Personal ID number:	
Type of document: □ identity card □ passport	Document number:	
Residential address Street:	Building No./ Orientation No.:	Postal Code:
City:	Country:	
C. AUTHORISED PERSON ACCORDING TO APPROPRIATE RECORDS (BUSINESS REGISTER, ETC.) Degree, name, surname:		Surname at birth:
Date of birth:	Personal ID number:	
Type of document: □ identity card □ passport	Document number:	
Residential address Street:	Building No./ Orientation No.:	Postal Code:
City:	Country:	
ATTO	RNEY	
Degree, name, surname:	Date of birth:	
Type of document: □ identity card □ passport	Document number:	
Residential address Street:	Building No./ Orientation No.:	Postal Code:
City:	Country:	
The Principal hereby authorises the Attorney to (fill in by hand what is required): A) Submit a onetime request for an extract of inform. of the Principal's personal data B) Receive a onetime extract of information of the Principal's personal data C) Submit a onetime request for correction of Principal's personal data	The Principal hereby authorises the Attorney to take the above- specified acts using the information systems specified below: A) Non-banking Client Information Register (NBCIR) B) Register of Payment Information (REPI)	
Please fill in the required act and	cross through any empty space.	
In Date		

