

# POWER OF ATTORNEY

INDIVIDUAL  
SELF-EMPLOYED (ENTREPRENEUR)

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

## PRINCIPAL

Degree, name, surname:

Surname at birth:

Date of birth:

Personal ID number:

Type of document:  identity card  passport

Document number:

Name of legal entity:

ID No.:

VAT No.:

Citizenship:

Gender:  male  female

E-mail:

Country of birth:

Place of birth:

Telephone number:

### Residential address

Street:

Building No./ Orientation No.:

Postal Code:

City:

Country:

### Mailing address

Street:

Building No./ Orientation No.:

Postal Code:

City:

Country:

## ATTORNEY

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) Apply for an extract of information from the Principal's personal data
- B) Receive an extract of information from the Principal's personal data
- C) Submit a request for correction of Principal's personal data
- D) Receive a welcome letter with login details and sign the User Account Agreement regarding the use of the kolikmam.cz web portal

### The Principal hereby authorises the Attorney to take the above-specified acts using the information systems specified below:

- A) Client Information Bank Register (CIBR)
- B) Non-banking Client Information Register (NBCIR)
- C) kolikmam.cz
- D) ELIXIR - Register of Advisors
- E) REPI - Register of Payment Information

Please fill in the required act and cross through any empty space.

In

Date

Officially verified signature of the Principal