

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: <input type="checkbox"/> identity card <input type="checkbox"/> passport	Document number:	
.....	
Name of legal entity:	ID No.:	VAT No.:
.....
Citizenship:	Gender: <input type="checkbox"/> male <input type="checkbox"/> 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: <input type="checkbox"/> identity card <input type="checkbox"/> 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):	The Principal hereby authorises the Attorney to take the above-specified acts using the information systems specified below:	
A) Apply for an extract of information from the Principal's personal data	A) Client Information Bank Register (CIBR)	
B) Receive an extract of information from the Principal's personal data	B) Non-banking Client Information Register (NBCIR)	
C) Submit a request for correction of Principal's personal data	C) kolikmam.cz	
D) Receive a welcome letter with login details and sign the User Account Agreement regarding the use of the kolikmam.cz web portal	D) ELIXIR - Register of Advisors	
.....	E) REPI - Register of Payment Information	
.....	
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.....	
.....	

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

In	Date	
.....
Officially verified signature of the Principal		