

**POWER OF ATTORNEY**

for receipt of Packages for connection to the System

City \_\_\_\_\_, 201\_\_.

(*Full name of the Client*) represented by (*position, Full Name*) \_\_\_\_\_

\_\_\_\_\_, acting under

this Power of attorney, authorizes

(*Full Name of the Client*) \_\_\_\_\_

(*identification document, details*)

to receive Packages for connection of the Client to the System, one for each of the System Users, in accordance with the agreement on use of electronic documents of \_\_\_\_\_, 20\_\_\_. (*indicate the date of the Application*), signed between the Bank and the Client.

The signature *Full Name (of the Client's Representative)* \_\_\_\_\_  
is certified by me.

This Power of Attorney was issued on \_\_\_\_\_, 20\_\_ and shall be valid through \_\_\_\_\_, 20\_\_ inclusive.

**Client**  
(*name*)

\_\_\_\_\_  
(*position, Full Name*)

\_\_\_\_\_  
*signature, Seal \**

\*- If available