

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