

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