

## POWER OF

### Principal:

Name, surname, title: .....

Permanent address: .....

Date of birth<sup>\*)</sup>: ..... Personal identity number: .....

ID card number: ..... Telephone number: .....

(hereinafter referred to as "Principal")

### and the Authorised representative:

Name, surname, title: .....

Permanent address: .....

Date of birth<sup>\*)</sup>: ..... Personal identity number: .....

ID card number: ..... Telephone number: .....

(hereinafter referred to as "Authorised representative")

The undersigned Principal hereby authorises the Authorised representative to perform, on behalf of the Principal, the following actions related to the provision of services of the Client Centre of Non Banking Credit Bureau, záujmové združenie právnických osôb (association of legal entities), with its registered seat at Mlynské Nivy 14, 821 09 Bratislava 1, Slovak Republic (hereinafter referred to as "Company"):

- Filing a written application to the Company for a copy of the Principal's personal data, which is the subject of processing in the Client Information Non-Bank Register and receipt of the copy of the of the Principal's personal data, which is subject to processing in the Client Information Non-Bank Register <sup>\*\*)</sup>
- Filing a written application to the Company for rectification of  false,  incorrect or  out-of-date information of the Principal in the Client Information Non-Bank Register <sup>\*\*)</sup>

<sup>\*)</sup> In case of a foreigner or if you were not assigned a personal identity number by the authorities of the Slovak Republic.

<sup>\*\*)</sup>  Mark if applicable.

The Power of attorney must be certified by a notary public.

The Power of attorney is for a definite period, until: .....

Done in ..... date: .....

.....  
Principal's signature