

**POWER OF ATTORNEY  
(Legal entities)**

**Principal:**

Business company/Name: .....

Registered office: .....

Company identification number (Company ID): .....

Incorporation: .....

Acting through:

Title<sup>\*)</sup>: ..... First name: .....

Surname: .....

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

Permanent address: Street: ..... Number: .....

Town: ..... Post code: .....

Country: .....

(hereinafter referred to as "Principal")

**Authorised representative:**

Title \*: ..... First name: .....

Surname: .....

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

Permanent address: Street: ..... Number: .....

Town: ..... Post code: .....

Country: ..... ID card    Passport number<sup>\*)</sup>

.....

(hereinafter referred to as "Authorised representative")

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

## POWER OF ATTORNEY (Legal entities)

The Principal hereby authorises the Authorised representative, on behalf of the Principal, to perform the following actions towards the Client Centre of the association of legal entities Non Banking Credit Bureau, ZZPO, with its registered office at Mlynské Nivy 7816/14, 82109 Bratislava-Staré Mesto, Slovak Republic, incorporated in the Register of associations of legal entities of the District Office of Bratislava (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Filing a written application to the Company for rectification of false, incorrect or out-of-date information of the Principal in the Client Information Non-Bank Register 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>

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

Done in .....

date: .....

.....

certified signature of the person acting on behalf of the Principal

I accept the said power of attorney in its entirety

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signature of the Authorised representative

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