

POWER OF ATTORNEY

Principal:

Name, surname, title:

Permanent address:

Date of birth^{*)}: Personal identity number:

ID card number: Telephone:

(hereinafter referred to as "Principal")

and Authorised representative:

Name, surname, title:

Permanent address:

Date of birth^{*)}: Personal identity number:

ID card number: Telephone:

(hereinafter referred to as "Authorised representative")

I, the undersigned Principal hereby authorise the Authorised representative to perform, on behalf of the Principal through the company CRIF - Slovak Credit Bureau, s. r. o. , Company ID: 35 886 013, with its registered seat at Mlynské nivy 14, 821 09 Bratislava, Slovak Republic, 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 and Slovak Banking Credit Bureau, s.r.o., Company ID: 35 869 810, with its registered seat at Mlynské nivy 14, 821 09 Bratislava:

- Filing a written application for a Joint Extract containing the personal data of the Principal, which are the subject of processing in the Client Information Non-Bank Register and the Joint Register of Bank Information and its receipt ^{**)}

^{*)} In case of foreigners/in case if you were not assigned a personal identity number by the authorities in the Slovak Republic.

^{**)} Mark if applicable.

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

I grant the power of attorney for a certain period of time, until:

Done in date:

principal's signature