



## Power of Attorney – Companies/legal entities

Portfolio Number

Customer Name

I/we (the Account holder(s)) hereby grant power of attorney on this account to the following person(s):

Title

First name

Last name

Date of birth

City of birth

Country of birth

Civil status

Nationality

Second nationality (in case of dual citizenship)

Permanent address (*not an office or P.O. box*)

Postal code

City

Country

If country of tax residence is different from permanent address, please specify.

Phone

Mobile phone

Work phone

Fax

E-mail

Profession/Job title (if retired please indicate former profession)

Additional personal information:

**Do you qualify as a "US person"? (please check at least one box)**

☐ No, I don't qualify as "US person"

☐ US citizen

☐ US resident

☐ US birthplace

☐ US person, due to dual citizenship

☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

### Politically exposed person (PEP)

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

### Inside information

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or is the company subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

### Additional Attorney (if more attorneys, fill an additional form)

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address ( <i>not an office or P.O. box</i> )	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)		<input type="text"/>	

Additional personal information:

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If yes, please specify which country and position:

### Inside information

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- ☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

*(please check one box to indicate your choice)*

- ☐ Each attorney may instruct/sign alone.
- ☐ All attorneys must instruct/sign jointly.
- ☐ Other instruction/signing rules: (Please specify in a **separate document** (e.g. an authorised signature list or other relevant document such as a board resolution)).

*(please check one box only)*

☐ Full Power of Attorney

The Attorney(s) shall have full powers, including all the rights to manage and dispose of the assets on the account. This specifically includes the authorisation to: dispose of, withdraw and instruct outgoing transfers of all balances in cash and securities, to contract loans and enter into any other type of liability, and in general the right to carry out all operations in the name and for the account of the Account Holder(s).

☐ Managerial Power of Attorney

The power of the attorney(s) is limited to the management of assets (cash, securities etc) on the account, including namely all the rights to acquire and sell securities and other financial instruments in the name and for the account of the Account Holder(s).

☐ Authorisation to request information

The power of the attorney(s) is limited to discuss all matters related with the account and receive a copy of all account statements and other information pertaining to the account.

This power of attorney shall be valid and binding until the Bank has received by registered mail a revocation thereof from the Account Holder(s).

The Account Holder(s) and the Attorney(s) confirm(s) having taken due note of the "Bank's General Terms & Conditions of Business", especially its clause number 11.

Attorney(s) confirm(s) being aware of Account Holder's Investor profile, as specified in section 4 of the account opening application, and take(s) responsibility to act in strict accordance with it.

**Date**

**Place**

**1st Company representative**

**Name** *(please print)*

**Signature**

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**2nd Company representative**

**Name** *(please print)*

**Signature**

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**1st Attorney**

**Name** *(please print)*

**Signature**

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**2nd Attorney**

**Name** *(please print)*

**Signature**

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**Please return the relevant documents with this form:**

- Certified copy of ID card/passport for all Attorneys.
- An official company document authorising the Representative(s) to appoint the Attorney(s).