



Signature and seal specimen card

Customer name _____

Registration number _____ Customer number (ID) _____

Customer representatives

| | |
|--|-----------------------|
| A Name, surname | |
| Identity number* | Signature |
| Date of birth* | |
| Position | |
| Representation rights: <input type="checkbox"/> Individually Jointly with: | Representation limits |

| | |
|--|-----------------------|
| B Name, surname | |
| Identity number* | Signature |
| Date of birth* | |
| Position | |
| Representation rights: <input type="checkbox"/> Individually Jointly with: | Representation limits |

| | |
|--|-----------------------|
| C Name, surname | |
| Identity number* | Signature |
| Date of birth* | |
| Position | |
| Representation rights: <input type="checkbox"/> Individually Jointly with: | Representation rights |

| | |
|--|----------------|
| D Name, surname | |
| Identity number* | Signature |
| Date of birth* | |
| Position | |
| Representation rights: <input type="checkbox"/> Individually Jointly with: | Representation |

| |
|---|
| Additional information |
| Bank / Notary confirmation I hereby certify the authenticity of the signatures of the above indicated persons. |
| Name, surname |
| Stamp, signature |
| Customer Service Center |
| Date |

| |
|-------------------------|
| Corporate seal specimen |
|-------------------------|

*The „Identity number“ field has to be filled in if it is indicated in the ID document. Otherwise, „Date of birth“ field has to be filled in.