ČESKÁ spořitelna

Power of attorney for identification and KYC

I, the undersigned

All names, surnames, titles:		
Personal identification number and gender:		☐ female / ☐ male
IČO (if assigned):		
Date, place and country of birth:		
Address and country of permanent residence:		
All citizenships:	☐ Czech Republic	☐ other (which)
Tax residency:	☐ Czech Republic	☐ in other countries (which)
Tax obligations of other countries:	☐ no	☐ yes (which countries)
VAT number (all):		
Type and number of identity card:		
Issued by state/authority, validity until:		
Correspondence address:		
Telelephone:	E-mail:	

hereby, as a client of Česká spořitelna, a.s.,is granting power of attorney to the following attorney:

Title (in front of the name):	
Name(s):	
Surname:	
Degree (following the name):	
Personal ID number:	
Date of birth:	
Address and country of permanent residence:	
Type and number of ID document(s):	

This power of attorney **authorises the attorney, on the principal's behalf, to update the principal's identification, personal, and contact information specified above in connection with the management of the principal's products**.

In addition, the attorney is also authorised, on the principal's behalf, to **complete the KYC forms and any statements and consents at the bank** that may be required or that the bank may request in connection with the management of the principal's products, including declarations concerning tax duties under applicable legal regulations.

The principal shall give their attorney all the information required in order to act as specified above.

In: date:

signature of the principal
(For the safety of your products, we can only accept your power of attorney with an officially certified signature)