



POWER OF ATTORNEY

Mr./Mrs./Company,

birth number/date of birth/ID number: ,

residence,

(hereinafter referred to as the "Principal")

hereby authorises

Mr./Ms.

birth number/date of birth,

residence

to represent the Principal:

☐

in respect of account No. /2700

☐

in respect of all my accounts with UniCredit Bank Czech Republic and Slovakia, a.s.,
IČ: 649 48 242 (hereinafter referred to as the „Bank“)

in the following matters:

YES NO

☐☐

determine himself/herself as the person authorised to dispose of the funds (including setting up direct debits, standing orders, fixed-term deposits);

☐☐

determine the person authorised to dispose of the funds and, if there are more than one such person, the manner in which they dispose of the funds in the account (including setting up direct debits, standing orders, fixed-term deposits);

☐☐

submit a one-off payment order to transfer funds from the account/withdraw the amount in cash;

☐☐

open a new current account, savings account, service package, changed the type of account/service package;

☐☐

sign a request for a payment card or supplementary card and take over the card;

☐☐

sign a request for an increase/decrease* of the limit in the payment card or supplementary card
No.;

* Strike out those not applicable

☐☐

Mark the desired option with a cross

- ☐ ☐ sign an agreement for the use of internet/electronic banking products or a similar agreement enabling the control of the account electronically, take over/submit personal security features or any other instrument being used to handle the funds in the account on behalf of the Principal;
- ☐ ☐ request and receive information on the account balance;
- ☐ ☐ determine a person authorised to receive statements from the Principal's account; this person may be the agent himself/herself;
- ☐ ☐ determine or change the address for mailing of the Beneficiary's account statements; change the frequency of mailing of the Principal's account statements;
- ☐ ☐ request and receive information about account transactions for a period from to*/ for any period*;
- ☐ ☐ make a complaint about any transaction and act fully in the complaint procedure;
- ☐ ☐ change the delivery*/contact* address or notify a new permanent address of the Principal, update the Principal's data;
- ☐ ☐ close the account (including debit cards, linked time deposits) and settled the account balance;
- ☐ ☐ close the account and settle the account balance as part of the settlement of the estate of the deceased Principal, and obtain information about the account transactions since the Principal's death.

By my death/dissolution of the company, this power of attorney ☐ expires
☐ doesn't expire

The agent is not allowed to authorize another representative to act under this power of attorney.

This power of attorney is valid until, unless revoked earlier.

At on

.....
Principal
(officially certified signature)

* *Strike out those not applicable*

☐ ☐ *Mark the desired option with a cross*