JSC "RIETUMU BANKA"
VESETAS 7 / RIGA
LV-1013 / LATVIA
REG. No. 40003074497 / RTMBLV2X
BLOOMBERG: RIET
TELEPHONE +371 67025555
FAX +371 67025588
info@rietumu.lv
www.rietumu.com

POWER OF ATTORNEY

CORPORATE ENTITY

Date ___ / ___ / 20 ___

Approved by the Board of JSC "Rietumu Banka", Minutes No. 36, 21.10.2019

COMPLETE IN BLOCK CAPITALS

Client _____
(full name)

Registration No. _____

hereby authorises the Representative indicated below to represent the Client in relations with the JSC "Rietumu Banka" and sign any documents on behalf of the Client and submit any orders unless otherwise specified in "Special instructions" herein:

Name _____ **Surname** _____

To be completed by a citizen / non-citizen of the Republic of Latvia:

Identity number _____

To be completed by citizens of other countries:

Passport / Identity document No. _____

Date of birth (day/month/year) ___ / ___ / _____

Date of issue of passport / identity document (day/month/year) ___ / ___ / _____

Issuing state and institution of passport / identity document

_____

_____

Special instructions: _____

_____

_____

The Client agrees that identification and authorisation of the Client's Representative is carried out by means of identification provided to the Client's Representative within the scope of the specified powers according to the Terms and Conditions of JSC "Rietumu Banka" and Client Agreement.

Power of Attorney is valid until: ☐ ___ / ___ / _____ ☐ revocation

Power of Attorney is issued without the right of substitution.

I acknowledge that I have read and agree to the Terms and Conditions of JSC "Rietumu Banka" and Client Agreement, the Bank's tariffs and the Client Personal Data Protection Notice (available on the website www.rietumu.com).

Client represented by _____
(name, surname)

X _____
(signature)

Rietumu ID _____ **Test-key** _____ Client's seal

TO BE COMPLETED BY BANK EMPLOYEE

I confirm the identity and signature of the Client's Representative

Passport / Identity document No. _____

_____ X _____
(name, surname) (signature)

Date ___ / ___ / 20___

I confirm the powers of the Client's Representative

Client Representative's CREF _____

_____ X _____
(name, surname) (signature)

Date ___ / ___ / 20___