

Annex 2 - POWER OF ATTORNEY FOR SUBMITTING A COMPLAINT

I, the undersigned					
Name of Client: .	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	
Registered seat of	the Client	:			
Person acting on b	ehalf of th	e Client:			
Place and date of	birth:				
ID/passport number	er:		•••••		
Address:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		
hereby authorise					
Name:	••••	••••		• • • • • • • • • • • • • • • • • • • •	
Place and date of	birth:				
ID/passport number	er:				
Address:					
to make a Compl	laint in rel	ation to the	following c	ase in prog	gress at KELER Central Depositor
•			_		act during the Complaint handlin
					ny behalf in writing and verbally i
relation to this ca			·		,
Exact, identifiable	e descriptio	n of the case	:		
	•				
During the Compl	laint handl	ing procedur	e related to	the servic	e indicated above, this power o
					qualifying as bank, securities o
business secrets to			,		
	' '				
Date:	,	(year)	(month)	(day))
I hereby accept th	e power of	attorney.			
, ,	•	,			
			_		
pr	incipal				proxy
Witnesses:					p. 5y
withesses.					
Name				Name:	
Address:					
				130.000	
Signature of witness 1				S	ignature of witness 2

^{*}please underline as appropriate