

Letter of attorney for organizations

Company:				
The company name must party database. g. DUNS.	exactly match the con	tent of the O field of the certificate AND	the spelling i	n the commercial register or another official 3rd
Street/Number:		PostalCoc	de/City:	
Register-No.:		District Co	District Court:	
Represented by				
Name:		First Nam	First Name:	
Phone:		E-Mail:		
Position:				
The person mention	oned above is au	thorized to issue this letter of	attorney.	
2. <u>Authorized legal e</u>	ntity (Attorney)			
Company:				
Street:		Number:		
Postal Code:		City:	City:	
Register-No.:		District Co	ourt:	
For the authorized the scope of the a Furthermore it correnewal, reissuand 4. Validity of this letter This letter of attorneeded, a revocat below. There is no 5. Signature of princes	dentity, this docu uthentication provers the certifica- ie, revocation and ter of attorney rney is valid until ion of this letter form required.	iment serves as proof of an unocess and the order process. te management in the Server d domain validation). revoked, but for a maximum of attorney can be send to the	ninterrupt .ID Custor of 13 mon	n orders for the product Server.ID. ed chain of authorizations within mer Portal (certificate application, oth from the day of issuance. If ddress or fax-number mentioned
I hereby confirm t	he correctness o	f the information provided.		
Date, Location			Date	, Location
Signature Principal :	1	Company stamp/ official seal (public authorities)	Sign	ature Principal 2 if applicable
Name in block letter	·S		Nam	e in block letters

Please send this document

- -by E-Mail to trust-center-notary@telekom.de
- -by Fax to +49 391 580 108755