## POWER OF ATTORNEY FOR THE ISSUANCE OF A QUALIFIED CERTIFICATE



V. 3.0/15.04.2022

Date: .....

For the representative:

I, the undersigned,	, PIN	, ID card
, permanent address:	•••••	
telephone:, e-mail address:		
in my capacity as representative of the orga	anization, UIC .	•••••
AUTHORIZE	511	15
permanent address: telephone:, e-mail addre		,
with the following powers:		
1. To represent the organization before Evrotrust Technologies AD in connection with the activity of the latter as a Qualified Supplier of Certification Services (QSCS) under the Law on Electronic Documents and Electronic Certification Services (LEDECS) <sup>1</sup> and Regulation (EU) Nº 910/2014 <sup>2</sup> .  2. To carry out all necessary actions for the issuance and management of a certificate for the organization represented by me and be a HOLDER before QSCS, including the payment of all required amounts and providing the organization represented by me with the necessary hardware and software.		
3. To be the AUTHOR of electronic statements on behalf of the organization represented by me, according to the preceding power.		
4. In his name and at the expense of the organization represented by me, to assign to whomever he deems fit and under the conditions he deems fit the elaboration of a pair of keys within the meaning of art. 17 of LEDECS and according to the powers under the preceding items hereof.  5. To store the private key and, without any restrictions, be the AUTHOR of electronic statements related to the electronic signature under the preceding items before all persons who would trust him.		

<sup>1</sup> Electronic Document and Electronic Certification Services Act

<sup>&</sup>lt;sup>2</sup> Regulation (EU) No 910/2014 of the European Parliament and of the Council of 23 July 2014 on electronic identification and certification services for electronic transactions in the internal market and repealing Directive 1999/93/EC