## **Power of Attorney**

For the request and issuance and revocation of certificates on behalf of the below listed organization

Organization name (according to register of trade)

Address 1 (street, house number)

Address 2 (postcode, city, country)

Registration number (organization legal registration number)

Name(s) of person(s) entitled to represent (Technical contact or customer account administrator)

I/We, the person(s) entitled to represent the organization according to the current imprint in the register, give power to the above listed persons. By means of this letter, I/we delegate the authority described below to the above listed person(s) on the following terms and conditions:

To represent the power of attorney in all acts, declarations, and legal transactions in relation to the subsequent subjectmatter of the power of attorney. The object of this power of attorney is the comprehensive representation in the preparation and application for Qualified, Regulated and Advanced certificates.

This includes in detail:

- 1. The mandate of the above listed person(s) to apply for Qualified, Regulated and Advanced certificates, in which the organization of the authorizing authority is to be listed as an organization.
- 2. Recognition of the Terms of Use published on the QuoVadis Website.
- 3. The transfer of the roles defined in accordance with the Terms of Use and the associated exercise of the rights and tasks for the application, signing and confirmation of the application for the preparation of a certificate.
- 4. Consent to the use of the domain(s) of the institute in the context of the application and issuance of web server certificates for the power of attorney.
- 5. Within the framework of this power of attorney, for the application of Qualified, Regulated and Advanced certificates to the authorized representative the above listed person/s employees assume the role as "contractor representative" of the authorizing authority the Certificate Approver.
- 6. Revoke digital certificates that contain the company affiliation in the organisation entry or are managed on behalf of an organization.

The above listed person(s) is entitled to take all necessary and/or appropriate actions to apply for and prepare Qualified, Regulated and Advanced certificates and to make the necessary declarations.

The above listed person(s) is entitled to renew the certificates before the expiry of the term. The above listed person(s) is entitled to appoint Administrators and Subscribers in the respective account.

The effective date of this delegation is \_\_\_\_\_and shall run \_\_

<u>.</u> The power of attorney can be

revoked at any time. This results in an immediate blocking of the certificates used.

## digicert' + QuoVadis

## Acknowledged and agreed by the Authorized Representative 1:

Name:

Job Tittle:

Date/Location:

Signature:

Acknowledged and agreed by the person(s) entitled to represent:

Name:

Job Tittle:

Date/Location:

Signature:

Signature:

Acknowledged and agreed by the person(s) entitled to represent:

Name:

Job Tittle:

Date/Location:

Signature:

Signature:

**Representative 2:** 

Name:

Job Tittle:

Date/Location:

Acknowledged and agreed by the person(s) entitled to represent:

Acknowledged and agreed by the Authorized

Name:

Job Tittle:

Date/Location: