

# Power of Attorney

*(Letterhead of the Company)*

Attn: LuxCSD S.A. (**"LUXCSD"**)

This Power of Attorney is granted on: \_\_\_\_\_

Insert date

By:

Client's registered name

Registered Address

Postal code and town

Country

Commercial registration authority and number

*(hereafter the "Company")*

The Company hereby appoints:

Attorney's registered name

Registered Address

Postal code and town

Country

Commercial registration authority and number

*(hereafter the "Attorney")*

as its Attorney in relation to the following account number(s) of the Company at LUXCSD:

**List of account numbers**


(hereafter the “Accounts”)

**This Power of Attorney covers the following:**

**Instructions**

Issue, approve, transmit, amend, change, cancel or complete instructions on behalf of the Company for the Accounts, via Attorney’s own address and/or Xact Organisational Unit.

**Reporting**

Request and receive reporting, in the name and on behalf of the Company, via Attorney’s own address and/or Xact Organisational Unit.

**Queries**

Request and receive information on the Account(s) via email and/or via phone, solely within the scope of service(s) and activitie(s) selected in this Power of Attorney, and subject to compliance with LUXCSD’s identification procedures applicable thereto (as amended or renewed from time to time).

**Connectivity access to LUXCSD's Online Resources**

To the extent the Swift ISO 15022 is discontinued, and no Swift ISO 20022 are detailed in this Power of Attorney, the Company needs to notify the ISO 20022 details to LUXCSD via an Authenticated Message. The DN address will be associated with the Company Accounts to maintain uninterrupted services, facilitating the migration of this Power of Attorney to the new ISO 20022 standard. The Attorney by using the DN address agrees with such association and that this Power of Attorney will apply to Swift ISO 20022 instructions/reporting even if not included in the originally executed Power of Attorney.

If there is more than one BIC or DN address, please specify them by separating them with a comma.

## Swift ISO 15022 Network Address (BIC)

Attorney's BIC Address: \_\_\_\_\_

For Instructions <sup>1</sup>		For Reporting <sup>1</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securities	Asset Servicing (Custody) <sup>2</sup>	

## Swift ISO 20022 Network Address (DN)

Attorney's DN Address: \_\_\_\_\_

For Instructions <sup>3</sup>		For Reporting <sup>1</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securities	Asset Servicing (Custody) <sup>2</sup>	

## Xact File Transfer

Attorney's Xact File Transfer address: \_\_\_\_\_

For Instructions <sup>1</sup>		For Reporting <sup>1</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securities	French Financial Transaction Tax [FTT]	

<sup>1</sup> Please tick relevant box(es) to designate powers granted to the Attorney

<sup>2</sup> Proxy voting excluded from the Instructions / Asset Servicing (Custody) service

<sup>3</sup> Please tick relevant box(es) to designate powers granted to the Attorney

## Xact Web Portal

Attorney's Xact Web Portal Organisational Unit: \_\_\_\_\_

<input type="checkbox"/> For Instructions <sup>1</sup>	<input type="checkbox"/> For Reporting <sup>1</sup>
<input type="checkbox"/> Securities	<input type="checkbox"/>
<input type="checkbox"/> Asset Servicing (Custody) <sup>2</sup>	

Attorney's Xact Web Portal permissions <sup>1</sup>:

<input type="checkbox"/> Full Access <sup>4</sup> (Default option)	<input type="checkbox"/> Read Only access <sup>5</sup>
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<sup>4</sup> Please tick appropriate tick boxes if appropriate for full access (instructions, queries and reporting via Swift and Swift FINplus (DN), File Transfer and Xact Web Portal according to your preferences).

<sup>5</sup> Please tick appropriate tick boxes if appropriate for read only access (queries and reporting in Xact Web Portal).

## List of Selected Currencies

The selected currencies are applicable, as mandatory, to Securities Instructions (if applicable) sent via the Attorney's access as per the selected above permissions notified in the Power of Attorney mentioned hereabove.

- All currencies  
 (Default Option)
 or
 Specific currencies<sup>6</sup>

AED <input type="checkbox"/>	AMD <input type="checkbox"/>	ARS <input type="checkbox"/>	AUD <input type="checkbox"/>	BGN <input type="checkbox"/>	BHD <input type="checkbox"/>	BRL <input type="checkbox"/>	BWP <input type="checkbox"/>	CAD <input type="checkbox"/>
CHF <input type="checkbox"/>	CNY <input type="checkbox"/>	COP <input type="checkbox"/>	CZK <input type="checkbox"/>	DKK <input type="checkbox"/>	EUR <input type="checkbox"/>	GBP <input type="checkbox"/>	GEL <input type="checkbox"/>	HKD <input type="checkbox"/>
HUF <input type="checkbox"/>	IDR <input type="checkbox"/>	ILS <input type="checkbox"/>	ISK <input type="checkbox"/>	JPY <input type="checkbox"/>	KRW <input type="checkbox"/>	KWD <input type="checkbox"/>	KZT <input type="checkbox"/>	MXN <input type="checkbox"/>
MYR <input type="checkbox"/>	NOK <input type="checkbox"/>	NZD <input type="checkbox"/>	OMR <input type="checkbox"/>	PEN <input type="checkbox"/>	PHP <input type="checkbox"/>	PLN <input type="checkbox"/>	QAR <input type="checkbox"/>	RON <input type="checkbox"/>
RSD <input type="checkbox"/>	RUB <input type="checkbox"/>	SAR <input type="checkbox"/>	SEK <input type="checkbox"/>	SGD <input type="checkbox"/>	THB <input type="checkbox"/>	TRY <input type="checkbox"/>	UAH <input type="checkbox"/>	USD <input type="checkbox"/>
UYU <input type="checkbox"/>	XAU <input type="checkbox"/>	ZAR <input type="checkbox"/>						

<sup>6</sup> Please tick relevant boxes. Any other specific currency not listed can be typed/written

## Definitions

The following capitalised terms used in this Power of Attorney have the following meaning:

*“Authenticated Message”*: a communication that is sent by mail in writing and signed by an Authorised Person(s), a communication that is as attachment to an email and signed electronically by Authorised Person(s) or that is sent via Swift. It also includes any other secured communication media the use of which is agreed in writing by LUXCSD and the Company.

*“Authorised Person”*: with respect to the Company, any such person duly authorised by such the Company to give instructions or notices on the Company's behalf, such persons and their specimen signatures to be provided by the Company from time to time to LUXCSD.

## Miscellaneous

All communication given by the Attorney to LUXCSD shall comply with the format, modes of communication, terms and procedures as specified by LUXCSD and in particular as set forth under this Power of Attorney, under the Governing Documents (as this term is defined in LUXCSD General Terms and Conditions), and under the specific agreement covering the relevant service.

The Company confirms and represents that the present Power of Attorney represents all terms applicable to it and the Attorney in relation to the subject matter set out herein and that, unless terminated in accordance with the provisions set out herein and subject to any amendments of this Power of Attorney in accordance with the terms hereof, is and will remain in full force and effect.

The Company hereby agrees that it shall be fully liable to LUXCSD for any and all obligations created on its behalf pursuant to the authority or purported authority of this Power of Attorney and undertakes to ratify whatever the Attorney causes to be done under the authority or purported authority of this Power of Attorney. The Company hereby exonerates LUXCSD, and agrees to indemnify and hold LUXCSD harmless from and against any and all actions, causes of action, suits, losses, costs, liabilities, damages and expenses (including reasonable Attorneys' fees and disbursements), incurred by LUXCSD as a result of, or arising out of, any action or omission taken by the Attorney under this Power of Attorney or otherwise resulting from the reliance by LUXCSD on this Power of Attorney and the terms hereof.

The Company and the Attorney hereby agree and ensure that LUXCSD shall not be held liable for any action or omission whatsoever, whether taken or omitted to be taken, erroneously or not, by the Company or the Attorney and it will indemnify and hold LUXCSD harmless from any loss, liabilities, damages and expenses that may result therefrom.

The Company may amend this Power of Attorney only to add or remove Account(s), modify the list of selected currencies or modify the Attorney's communication address(es) notified in this Power of Attorney, to the extent applicable, and that LUXCSD will be under no obligation to either verify or seek the agreement of the Attorney to any of these amendments. Any such amendment will be notified by the Company to LUXCSD via registered letter or Authenticated Message. The Company acknowledges and accepts that the changes will become effective in LUXCSD solely upon LUXCSD having carried out and concluded any relevant verifications or such other later effective date specified in the notice accordingly.

This Power of Attorney revokes any previous power of attorney already in place for instructions or reporting in case the Attorney and the Accounts are the same.

This Power of Attorney shall remain valid until revocation due to a new Power of Attorney being put in place or until a notice of termination is received by LUXCSD by Authenticated Message from the Company. Any termination shall take effect on the second business day in Luxembourg after receipt of the notice by LUXCSD or such other later date specified in the notice accordingly.

This Power of Attorney is governed by, and shall be construed in accordance with, the laws of the Grand Duchy of Luxembourg. Any litigation that may arise in connection with this Power of Attorney shall be submitted to the jurisdiction of the courts of the Grand Duchy of Luxembourg.

Signed for and on behalf of the Company:

Place:

Date:

Name:

Name:

Title:

Title:

Authorised Signature:

Authorised Signature:

The Attorney hereby certifies that they accept this Power of Attorney, and all obligations and responsibilities provided in this Power of Attorney.

Signed for and on behalf of the Attorney:

Place:

Date:

Name:

Name:

Title:

Title:

Authorised Signature:

Authorised Signature: