Liechtensteinische Landesbank AG
9490 Vaduz · Liechtenstein

Signature card and power of attorney

Client number
(Will be completed by the bank.)

☐ Master card ☐ Supplementary card ☐ Replacement card

Account holder

Company / Surname	
First name	
Address	
Post code / Place	
Country of domicile	

☐ Applies to the entire banking relationship

☐ Applies only to account / portfolio

The account holder(s) – or the authorised representatives of legal entities – sign(s) as follows in dealings with the bank:

1. Surname Signature

First name	
Date of birth	
Place of birth	
Country of birth	
Nationalities	
Street	
Postal-Code Town	
Country of domicile	

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly

in a group of / together with

2. Surname Signature

First name	
Date of birth	
Place of birth	
Country of birth	
Nationalities	
Street	
Postal-Code Town	
Country of domicile	

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly

in a group of / together with

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3. Surname | Signature
   First name
   Date of birth
   Place of birth
   Country of birth
   Nationalities
   Street
   Postal-Code Town
   Country of domicile

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly

in a group of / together with

The account holder(s) – or the authorised representatives of legal entities – hereby grant(s) the following persons power of attorney with the rights listed overleaf but excluding the right of substitution:

4. Surname | Signature
   First name
   Date of birth
   Place of birth
   Country of birth
   Nationalities
   Street
   Postal-Code Town
   Country of domicile

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly ☐ Authority for information

in a group of / together with

5. Surname | Signature
   First name
   Date of birth
   Place of birth
   Country of birth
   Nationalities
   Street
   Postal-Code Town
   Country of domicile

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If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly ☐ Authority for information

in a group of / together with

6. Surname Signature
   First name
   Date of birth
   Place of birth
   Country of birth
   Nationalities
   Street
   Postal-Code Town
   Country of domicile

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly ☐ Authority for information

in a group of / together with

7. Surname Signature
   First name
   Date of birth
   Place of birth
   Country of birth
   Nationalities
   Street
   Postal-Code Town
   Country of domicile

If dual or multiple nationality is held, enter all nationalities

☐ solely ☐ jointly ☐ Authority for information

in a group of / together with

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Type of subscription solely/jointly

Authorised agents with the mode of signature "solely" or "jointly" may exercise all rights accorded to the grantor of the power of attorney himself. In particular, they are entitled on my / our behalf to deposit, purchase, sell, pledge, convert and withdraw securities; to make deposits or withdrawals or carry out any activities (including for their own benefit); to sign statements, receipts, discharges, assignments and transfers; to issue, accept, endorse or acknowledge bills of exchange, cheques, instructions or similar documents; to take out advances and loans; to close accounts and custody accounts; to instruct Liechtensteinische Landesbank Aktiengesellschaft (hereinafter referred to as the "bank") to issue surety commitments, guarantees and payment commitments; to obtain correspondence, account and custody account statements and itemised lists; and to do everything they deem expedient. The bank reserves the right to obtain the consent of the account holder(s) in individual cases.

It is expressly noted that, once granted, a power of attorney shall not lapse if its grantor should die or lose the capacity to act. Unless specified otherwise, sole signature rights shall be deemed to have been agreed for the powers of attorney. Any other signature arrangements must be designated specifically. In the case of joint signature rights, it shall be deemed to have been agreed, unless instructed otherwise, that each authorised signatory shall sign together with each other authorised signatory in a group of two. These regulations shall apply to all current and future business relationships with the bank, subject to separate regulations being agreed for specific accounts / custody accounts and until duly revoked vis-à-vis the bank in writing. Any entries in the Commercial Register containing conflicting information shall be ignored.

Insofar as executive bodies of a legal entity that have joint signature rights grant themselves sole signature rights for this legal entity, this shall be deemed an effective power of attorney; the bank shall not be obliged to check whether the executive bodies with joint representation rights are authorised internally, within the framework of a power of attorney, to grant themselves sole signature rights for dealings with the bank.

Subscription type authority for information

All agents with the mode of signature "authority for information" are individually authorized to request and receive information and documents (bank statements, etc.). In this regard, the account holder(s) expressly release the bank from bank client confidentiality and from any other confidentiality obligation.

General provisions

The account holder(s) undertake(s) to inform the bank immediately and of their own volition in written form of any change of address and / or changes to the details provided in this document.

In all other respects the general business conditions, the regulations governing deposit accounts as well as the other banking conditions and rules laid down by the bank shall be applicable.

The account holder(s) hereby declare(s) that they have acknowledged these provisions and accept them as legally binding.

Place and date

Signature(s) of the account holder(s)

Will be completed by the bank.	Verantwortlicher* Kurzzeichen, Unterschrift	Erstkontrolle Datum, Kurzzeichen, Unterschrift	Zweitkontrolle Datum, Kurzzeichen, Unterschrift
Ersteller			
Ordernummer			

*Name Checking durchgeführt

☐ Adapt BP to "unlimited" power of authority roles/logic

alle Formularfeldinhalte löschen - hier drücken