Client Authorization Form №\_\_\_

**CONFIDENTIAL**

(power of attorney form)

|  |  |
| --- | --- |
|  Moscow |  |

|  |  |
| --- | --- |
| Client |  |
| Technical Center | Moscow Exchange |
| Agreement  | No \_\_\_\_/CL dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_ |

1. Client emergency contact details

|  |  |
| --- | --- |
| E-mail address for emergency text messages: |  |
|  |
|  |

1. Power of attorney

|  |
| --- |
| By signing this form the Client authorizes the following person to perform the following actions on behalf of the Client: |

|  |  |
| --- | --- |
| Full name |  |
| Passport number and validity dates  |  |
| Email |  |
| Telephone number |  |
| Communication with the Technical Center on: (please tick accordingly) |
| [x]  Organizational matters  | [x]  Technical issues |
| [x]  DC visits requests | [x]  Physical access to equipment |
| [x]  Bringing the Client’s equipment in the DC | [x]  Taking the equipment out of the DC |

 *(Repeat for each authorized employee)*

1. Period of validity

This Client Authorization Form (power of attorney) is valid for 3 (three) years since the date of signature or until termination of the colocation agreement, depending on what happens first.

On the date of this Authorization Form signature, the previous Authorization Form #\_\_\_ dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_\_, including its power of attorney is revoked and becomes void.

In witness thereof, this Client Authorization Form is signed by the authorized representative of the Client (the head of the legal entity or any other person duly authorized to do so in accordance with the law and the company’s constituent documents).

4. Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 Signature Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_