Client Authorization Form No.

 (power of attorney form)

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| --- |
| Moscow |

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| --- | --- |
| Client |  |
| Technical Center | Moscow Exchange |
| Operator | MOEX Information Security |
| Agreement with the Technical Center  | No. \_\_\_\_\_\_\_\_ dated \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_ |
| Agreement with the Operator | No. \_\_\_\_\_\_\_\_ dated \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_ |

## Client emergency contact details

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| --- | --- |
| Email address for emergency text messages |  |

## Power of attorney

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

|  |  |
| --- | --- |
| Full name |  |
| Passport number and validity dates |  |
| Email |  |
| Telephone number |  |
| Scope of actions | Moscow Exchange | MOEX Information Security |
| Communication with the Technical Center/ Operator regarding the organizational matters with the right to sign the service/service change requests, termination notices re the agreement, other documents set out in the Rules and Regulations |[ ] [ ]
| Communication with the Technical Center/Operator regarding technical matters with the right to submit requests to fix service issues |[ ] [ ]
| DC visit requests |[ ]   |
| Bringing the Client equipment into the DC |[ ]   |
| Physical access to the equipment |[ ]   |
| Taking the equipment out of the DC |[ ]   |

 *(to be completed individually for every person)*

## Period of validity

This Client Authorization Form (power of attorney) is valid for 3 (three) years since the date of signature.

On the date of this Authorization Form signature, the previous Authorization Form #\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_, 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)\*.

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| **By the Client:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signed Full name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ |

**\*** *If the signatory is acting on the basis of the power of attorney* ***with the right of substitution****, the following documents shall also be submitted:*

*• the original or a notarized copy of the power of attorney confirming the powers of the person to sign the form;*

*• the document confirming the powers of the person who issued the power of attorney or the notarized copy thereof, or the extract therefrom certified with the signature of the authorized person and the seal (if any).*