



**POWER OF ATTORNEY FOR FUNDS TRANSFER**

**Company Name**

**EIC**

The undersigned, .....[COMPANY], hereby authorizes and empowers .....[NAME].....[SURNAME], born in ..... [CITY], .....[COUNTRY] on .....[DATE], residing professionally in .....[CITY] to sign and submit to JAO S.A.

the "Funds Transfer Request Form" for withdrawal from its dedicated business bank account number:  
IBAN:

The undersigned authorizes and empowers the Power of Attorney holder to (tick one box):  
request a withdrawal with his/her sole signature.

OR

request a withdrawal with the joint signature of two Power of Attorney holders or authorized to grant such authority.

A signature specimen (Appendix 1) and a **copy of the ID card/passport evidencing the signature of the Power of Attorney holder** is enclosed to this Power of Attorney.

Signed in \_\_\_\_\_, on \_\_\_\_\_

**\*Note: The person(s) granting the Power of Attorney must be authorized to grant such authority as per the Constitution Deed or the Extract of Commercial Register, or any internal legal document previously provided to JAO S.A.**

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By:

By:

Capacity\*:

Capacity\*:



**Company Name**

**EIC**

## **Appendix 1**

### **Signature Card**

#### **Power of attorney holder details**

**Name(s)**

**Surname(s)**

**Date of birth**

**Signature Specimen**

Only electronically filled forms will be accepted. Handwritten ones will be rejected.