INTESI GROUP

QUALIFIED ELECTRONIC SEAL APPLICATION AUTHORIZATION FORM

The Undersigned _____

by having the power of attorney of the Company/Public Administration/Entity **(1)**

_____

Registered Office (City) _____

Country (2 chars) _____ VAT No. **(2)** _____

AUTHORIZES

Intesi Group S.p.A., as a Qualified Trust Service Provider, to issue a Qualified Seal - pursuant art. 3 sub 27 of the eIDAS Regulation - containing the "OrganizationName" **(1)** and the "OrganizationIdentifier" **(2)** attributes, and **delegates** for the scope of the identity verification pursuant art. 24 of the eIDAS Regulation:

Mr./Mrs._____

Tax Code (only Italian citizens) _____

The undersigned declares that the Applicant for the Qualified Electronic Seal is an employee or is associated with the Company/Public Administration/Entity mentioned as **(1)**.

UNDERTAKES

to request the revocation of the Qualified Electronic Seal when the information **(1)** and/or **(2)** contained in this declaration is no longer valid.

Attached is documentation proving the requester's role in the Company and the proof of a power of attorney (select the appropriate option):

☐ Articles of association

☐ Act of incorporation

☐ Notarized power of attorney

☐ Extract of notarial act

☐ Chamber of commerce certificate

☐ Law or o decision of Public Administration

Date (dd/mm/yyyy) Name (printed)

_____ _____

Signature

_____