



LETTER OF AUTHORIZATION

COMPANY:

REGISTERED OFFICE:

registered in the Commercial Register

maintained by

COMPANY ID:

REPRESENTED BY:

(hereinafter the “**Company**”)

HEREBY AUTHORIZES THE BELOW-NAMED EMPLOYEE OF THE COMPANY:

MR./MS.:

ADDRESS:

BIRTH CERTIFICATE NUMBER:

WORK E-MAIL:

(hereinafter the “**Authorized Person**”)

TO CARRY OUT THE FOLLOWING ACTS ON BEHALF OF THE COMPANY:

- Perform administration of Company data on the Supplier Portal of CEZ Group
- Decide on concluding contracts through the Supplier Portal of CEZ Group
- Perform any act as part of the communication with the Supplier Portal of CEZ Group

The authorization is granted for the duration of the employment relationship of the Authorized Person at the Company.

In

on

ON BEHALF OF THE COMPANY:

Please fill in the name and surname of the statutory body or another person eligible to authorize the main contact person (the data should be legible) and sign.

FULL NAME

SIGNATURE