



# LETTER OF NOTIFICATION

I,

MR./MS.:

ADDRESS:

BIRTH CERTIFICATE NUMBER:

WORK E-MAIL:

**As a member of a Statutory Body / Authorized Agent\***

\*Delete as appropriate; agent authorized by the attached Power of Attorney

OF THE COMPANY:

REGISTERED OFFICE:

COMPANY ID:

registered in the Commercial Register maintained by

**I declare that I am eligible to perform any act as part of the communication with the Supplier Portal of CEZ Group.**

In

on

SIGNATURE