

Power of Attorney

Client

Client No. (CIF), e.g. 4321-456789-0

Name(s), First name(s)

The Client hereby grants, with regard to the banking relationship registered under the above client number at Credit Suisse (Switzerland) Ltd. (hereinafter referred to as "Bank")

☐ limited to account/safekeeping account

Power of Attorney to the following Authorized Representative/s:

1. Authorized Representative

☐ Mr. ☐ Ms. ☐ Company¹

Name, First name / Company name

¹ If appointing a company as Authorized Representative, the fields "Date of birth," "Nationality/ies," and "Relationship to Client" should be left blank. An authorized company must notify the Bank of the signatory powers applicable under the Power of Attorney. The authorized company should not provide a signature on this form.

Street, No.

Postal code, Town

Country of domicile

Date of birth (dd.mm.yyyy)

Nationality/ies

Relationship to Client

Mobile/Telephone (country code/area code/number)

☐ Private ☐ Business ☐ Private ☐ Business

Email address² (only if communication via email desired)

By signing this form, the Authorized Representative acknowledges the conditions of the Power of Attorney as stated below insofar as applicable (in particular with regard to applicable law and place of jurisdiction).

The signature on the right shall be binding on the Authorized Representative in all dealings with the Bank, provided a separate form entitled "Specimen Signatures of the Company as Authorized Representative" does not exist.

Signatory Power

The Authorized Representative may sign as follows:

☐ individually ☐ collectively (two signatories)

☐ _____

² By providing an **email address** you consent to any exchange of information by email between the Authorized Representative and the Bank, in particular the Bank sending confidential data to the Authorized Representative and receiving orders from the provided email address. These emails are unencrypted and bear substantial risks of access or manipulation of content or sender data by unauthorized third parties. You are aware of and bear the consequences of such risks.

To be completed by the Bank

01015

Client No. (CIF)

Signature and stamp Relationship Manager

2. Authorized Representative

☐ Mr. ☐ Ms. ☐ Company¹

Name, First name / Company name

Street, No.

Postal code, Town

Country of domicile

Date of birth (dd.mm.yyyy)

Nationality/ies

Relationship to Client

Mobile/Telephone (country code/area code/number)

☐ Private ☐ Business ☐ Private ☐ Business

Email address² (only if communication via email desired)

By signing this form, the Authorized Representative acknowledges the conditions of the Power of Attorney as stated below insofar as applicable (in particular with regard to applicable law and place of jurisdiction).

The signature on the right shall be binding on the Authorized Representative in all dealings with the Bank, provided a separate form entitled "Specimen Signatures of the Company as Authorized Representative" does not exist.

Signatory Power

The Authorized Representative may sign as follows:

☐ individually ☐ collectively (two signatories)

☐

3. Authorized Representative

☐ Mr. ☐ Ms. ☐ Company¹

Name, First name / Company name

Street, No.

Postal code, Town

Country of domicile

Date of birth (dd.mm.yyyy)

Nationality/ies

Relationship to Client

Mobile/Telephone (country code/area code/number)

☐ Private ☐ Business ☐ Private ☐ Business

Email address² (only if communication via email desired)

By signing this form, the Authorized Representative acknowledges the conditions of the Power of Attorney as stated below insofar as applicable (in particular with regard to applicable law and place of jurisdiction).

The signature on the right shall be binding on the Authorized Representative in all dealings with the Bank, provided a separate form entitled "Specimen Signatures of the Company as Authorized Representative" does not exist.

Signatory Power

The Authorized Representative may sign as follows:

☐ individually ☐ collectively (two signatories)

☐

Please strike through empty signature fields!

² By providing an **email address** you consent to any exchange of information by email between the Authorized Representative and the Bank, in particular the Bank sending confidential data to the Authorized Representative and receiving orders from the provided email address. These emails are unencrypted and bear substantial risks of access or manipulation of content or sender data by unauthorized third parties. You are aware of and bear the consequences of such risks.

To be completed by the Bank

Client No. (CIF)

¹ If appointing a company as Authorized Representative, the fields "Date of birth," "Nationality/ies," and "Relationship to Client" should be left blank. An authorized company must notify the Bank of the signatory powers applicable under the Power of Attorney. The authorized company should not provide a signature on this form.

¹ If appointing a company as Authorized Representative, the fields "Date of birth," "Nationality/ies," and "Relationship to Client" should be left blank. An authorized company must notify the Bank of the signatory powers applicable under the Power of Attorney. The authorized company should not provide a signature on this form.

If more than one Authorized Representative is appointed, these may only act collectively.

Through this Power of Attorney, the Client vests in the Authorized Representative(s) the power to legally represent him/her **in every respect** vis-à-vis the Bank within the limitations of the signatory power granted. In particular, the Authorized Representative(s) are authorized to dispose of any securities and other assets, assets in accounts, etc. deposited or in custody with the Bank in the Client's name, as well as to contract loans and to dispose of, pledge or withdraw securities and other assets.

No right of substitution is granted to authorized natural persons. They are therefore not entitled to appoint further Authorized Representative(s) to represent the Client.

If employees of the Bank are appointed as Authorized Representatives, the Bank shall bear no responsibility on account of this authorization; in particular, it is not obliged to carry out supervisory or monitoring activities.

If a company acts as Authorized Representative, the persons nominated by this company on the "Specimen Signatures of the Company as Authorized Representative" form shall be entitled, within the framework of the relevant signatory power, to act on behalf of it (i.e. the company) under this Power of Attorney.

The Authorized Representatives can also conduct all transactions to which they are authorized through this Power of Attorney on their own account or in favor of third parties. The signatures of, as well as any and all declarations and actions made by the Authorized Representatives are fully binding on the Client and can be accepted by the Bank. The Client confirms that the signatures of the authorized natural persons are authentic.

Unless otherwise stated below, all Powers of Attorney granted are adjudged independently of one another.

It is expressly understood that this Power of Attorney will not expire in the event of the Client's incapacity to act, bankruptcy, declaration as a missing person, or his/her death, but will remain in force (Art. 35 of the Swiss Code of Obligations).

The Bank reserves the right to reject any persons authorized by the Client at any time and without stating a reason. The Bank will inform the Client of such a decision unless this is prohibited by law.

The place of performance is the location specified in the Bank's address.

For Clients and Authorized Representatives whose current or future domicile is outside Switzerland, the place of performance is also the place of debt enforcement ("special domicile" under the terms of Art. 50, paragraph 2 of the Federal Statute on Debt Enforcement and Bankruptcy).

This Power of Attorney and all claims that it has been exceeded are governed by Swiss law, to the exclusion of the conflict of laws provisions of Swiss private international law.

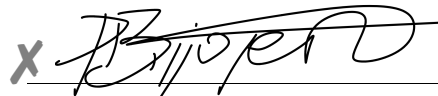
The exclusive place of jurisdiction for any disputes between the Authorized Representative(s) and the Bank arising from this Power of Attorney or from claims that it has been exceeded is **Zurich** or – if different – the location specified in the Bank's address. The Bank is also entitled to take legal action against an Authorized Representative before any other competent court in Switzerland or abroad. Exclusive legal venues remain reserved.

This Power of Attorney

- ☐ is granted in addition to an existing Power(s) of Attorney
☐ replaces all existing Powers of Attorney

Place, date

Client's signature

X 

To be completed by the Bank

Client No. (CIF)