

POWER OF ATTORNEY

DATE

YEREVAN, REPUBLIC OF ARMENIA

I, _____

Date of birth _____

Passport _____

Registered at _____

Home address _____

(this field shall not be filled out if home address matches with registration address)

AUTHORIZE _____

Passport _____

Registered at _____

Home address _____

(this field shall not be filled out if home address matches with registration address)

To act as my representative on any occasion in the relationship with the Financial System Mediator and (or) at the “Office of Financial System Mediator” foundation; take all necessary actions on my behalf, including these actions: bring a claim, give up a claim, provide oral and (or) written clarifications, explanations, agree or disagree with the decision of the Mediator in writing and unconditionally, get all the notifications, decisions, copies of the documents relating to the investigation of the claim, which are to be delivered to me; sign and carry out all the actions related to this assignment. The authorization mentioned above can be exercised both altogether and separately.

To act as my representative in _____

(name of the company the claim is brought against)

take all necessary actions on my behalf relating to the investigation of the claim by the Financial System Mediator, including these actions: sign a reconciliation agreement, if necessary, provide documents and other deliverables to and receive documents and other deliverables from the Company, make a complaint/claim to the Company.

I hereby certify that the authorized person is fully functional. The content, principle, significance as well as legal implications of this Power of Attorney are clear and relevant to my request.

This Power of Attorney is issued for a period of 6 (six) months without the right to re-issue.

Authorizer: _____

(signature, first name, last name)