



Power of Attorney for Authorized Representatives and Additional Authorized Representatives in the Icelandic part of the Union Registry

I, _____ [name of director / owner] hereby nominate the following individuals to act as **Authorised Representatives**¹ with the rights to initiate processes in the Union Registry such as surrender of allowances and transfer of allowances on behalf of _____ [name of account holder]. I further wish to nominate the following individuals to act as **Additional Authorised Representatives**² with the right to approve transactions on behalf of _____ [name of account holder].

Name of Authorized representative 1

Passport number / ID number

Name of Authorized representative 2

Passport number / ID number

*Name of Additional Authorized Representative
(optional)*

Passport number / ID number

Place and date

Name of Account Holder

*Witness 1
Name Passport number/ ID number*

Name of director / Owner and position in the company

*Witness 2
Name and Passport number /ID number*

Signature

¹ Please contact the Environment Agency of Iceland if you wish to nominate more than two Authorised Representatives. Please indicate if you wish the supplementary Authorised Representatives to have View Only Access to the account

² Please contact the Environment Agency of Iceland if you wish to nominate more than one Additional Authorised Representatives