



# Power of Attorney

**Principal:**

Company: \_\_\_\_\_

Business-ID: \_\_\_\_\_

Street, Nr.: \_\_\_\_\_

ZIP, City: \_\_\_\_\_

Country: \_\_\_\_\_

**Authorised  
Representative:**

First and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street, Nr.: \_\_\_\_\_

ZIP, City: \_\_\_\_\_

Country: \_\_\_\_\_

The person referred to above (Authorised Representative) is hereby authorised and empowered to represent the company referred to above (Principal) in relation to all business activities with Holvi Payment Services Oy - Zweigniederlassung Deutschland in accordance with the [Holvi Terms of Service](#). The scope of the Power of Attorney includes in particular:

- To open, manage and close Payment Accounts/terminate the business relationship,
- To make Payment Transactions via the relevant payment instrument provided,
- To grant access to third parties (such as: employees) and
- To make use of the Holvi Services.

The above list is only exemplary and not exhaustive.

The Authorised Representative is not entitled to issue sub-authorisations.



The granting of instructions for the use of the Power of Attorney in the internal relationship is the sole responsibility of the Principal. The Principal and, if applicable, the Authorised Representative shall be responsible for any misuse of the Power of Attorney contrary to instructions given in the internal relationship or in the external relationship, especially towards third parties. The control by Holvi Payment Services Oy - Zweigniederlassung Deutschland of instructions given within the meaning of this Power of Attorney that exceed the scope of the Holvi Terms of Service is considered unreasonable.

The Power of Attorney may be revoked by the Principal at any time in writing to Holvi Payment Services Oy - Zweigniederlassung Deutschland or to the Authorised Representative, but is valid until revoked or until the contractual relationship expires.

This Power of Attorney is valid immediately in the original version if it is not older than six (6) months at the time the Payment Account was opened.

\_\_\_\_\_  
Place, Date

Signature(s) on behalf of the **Principal**:

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

Signature of the **Authorised Representative**:

\_\_\_\_\_  
Signature