

Letter Of Authority

From:

|  |  |  |
| --- | --- | --- |
| *Legal entity name* |  |  |
|  |  |  |
| *Company’s address* |  |  |
|  |  |  |
| *Registration number* |  |  |

To: Nium Group

I, the undersigned, do hereby declare that we agree to engage with the Nium Group in a commercial relationship of which we authorize:

|  |  |  |
| --- | --- | --- |
| Employee full legal name |  |  |
|  |  |  |
| Employee job title |  |  |
|  |  |  |
| Passport/ID number |  |  |
|  |  |  |
| Document expiry date |  |  |

To act on our behalf and in our name to do the following:

For the purposes of this Letter of Authority, Nium Group refers to Nium Pte. Ltd. and its affiliates and subsidiaries worldwide, including entities operating under the Nium Travel, Ixaris, and Instarem brands identified here <https://www.nium.com/licenses>

1. Conduct all matters in relation to establishing, maintaining and terminating services as well as conducting transactions with the Nium Group. .
2. This authorization will be effective for 10 years from the date of signing. *It is the obligation of a legal body to notify about changes in authorized signatories.*
3. I guarantee that I will be responsible for this authorization.
4. The authorized person is authorized to re-authorize other representatives to represent

Company in the same capacity and to the same extent as indicated in this authorization.

Signature …………………….………………………………..



|  |  |  |
| --- | --- | --- |
| Full name |  |  |
|  |  |  |
| Job title |  |  |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |
|  |  |  |
| Date |  |  |

Apostille