

**Power of Attorney**

**I (the "Client")**

<b>This section to be completed by the Client</b>	
Title	<input type="text"/>
First Name	<input type="text"/>
Middle Names	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> (DD/MM/YYYY)

**residing at**

<b>This section to be completed by the Client</b>	
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Nature of relationship with Attorney	<input type="text"/>

**TSCTrade is a trading name of All IPO Plc which is authorised and regulated by the Financial Conduct Authority (FCA Register number 428754) and is a member of the London Stock Exchange.**

TSCTrade, 26 Throgmorton Street, London, EC2N 2AN. Tel: +44 (0)207 071 0805 Fax: +44 (0)207 256 9060

Registered Office/Accounts Dept: Suite 27, Essex Technology Centre, The Gables, Fyfield Road, Ongar, Essex, CM5 0GA.

Company registered in England and Wales: Number 3230460 VAT No: GB752320264

hereby appoint (the "Attorney")

This section to be completed by the Attorney	
Title	<input type="text"/>
First Name	<input type="text"/>
Middle Names	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> (DD/MM/YYYY)

who resides at

This section to be completed by the Attorney	
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

to be the Client's Attorney for the purpose of transacting business with TSCTrade (the "Firm") in accordance with the customer agreement held with them, to deal on the Client's behalf with the Firm, entering into transactions and confirming such orders or instructions either online, verbally or in writing.

The Client authorises the Firm to accept all instructions received from the Attorney to their account and agrees that the firm will not owe the Client any duty to contact them prior to acting on any such instructions received.

The Client accepts full responsibility and liability for all such transactions received and agrees to indemnify the Firm against any loss, damage or expense incurred by it, caused as a result of its acting on such instructions received from the Attorney.

The Client further agrees that this indemnity shall also extend to any loss, damage or expense incurred by the Firm as a result of any incorrect and erroneous instructions submitted by the Attorney that result in a transaction or transactions having to be reversed.

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**This Power of Attorney shall become effective immediately and shall continue to be effective until further notice.**

**This Power of Attorney may only be amended or revoked by the Client in writing.**

**This Power of Attorney shall be governed by and construed in accordance with the laws of England and Wales and shall be irrevocably submitted to the jurisdiction of the English courts in relation to any dispute arising out of this agreement.**

### This section to be completed by the Client

Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/> (DD/MM/YYYY)

### This section to be completed by the Attorney

Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/> (DD/MM/YYYY)
Telephone	<input type="text"/>
Occupation	<input type="text"/>
Name and Address of Employer	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

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## This section to be completed by the Witness to the signatures

Title	<input type="text"/>
First Name	<input type="text"/>
Middle Names	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> (DD/MM/YYYY)

## This section to be completed by the Witness to the signatures

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

## Required Documentation Checklist

Please tick the boxes to ensure you have supplied the following documentation

- Certified copy of Attorney's passport / Photo driving license / Photo identity card
- An original utility bill addressed to the Attorney and dated within the past 3 months (We regret that we are unable to accept a mobile telephone bill or TV license).
- An original bank statement showing the Attorney's full name and address and dated within the past 3 months.

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