

POWER OF ATTORNEY for e-Invoice

I _____
(Name and surname of the authorized representative – the grantor)

From _____
(Residence address of the authorized representative – the grantor)

As the person authorized to represent _____

(Name, registered office, Personal Identification Number (OIB) and Company Number (MB) of the business entity – the grantor)

Business Unit Code ¹

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HEREBY AUTHORIZE

(Name and surname of the person granted power of attorney - the agent ²)

From _____
(Residence address, Unique Master Citizen Number and Personal Identification Number – OIB – of the agent)

(Name, registered office, Personal Identification Number (OIB) and Company Number (MB) of the business entity – the agent)

To use e-Invoice for and on behalf of the Business Entity represented by me as the responsible person, and I hereby assign the following rights thereto:

- | | | |
|-------------|---|--|
| User rights | <input type="checkbox"/> Entry | <input type="checkbox"/> Viewing and acceptance |
| | <input type="checkbox"/> Signature | <input type="checkbox"/> Preparation of payment orders |
| | <input type="checkbox"/> Access to all business units | |

¹ Please enter the Business Unit Code only if the grantor has granted power of attorney to the agent for a single business unit of the company represented by the grantor, which has been registered with an Application to Register a Company with Multiple Business Units for e-Invoice. If the grantor wishes to grant power of attorney for several business units to the agent, a separate power of attorney shall be granted for each business unit.

If the grantor wishes to assign to the agent one or more rights for all business units of the company represented by the grantor, please mark the rights that the grantor wishes to assign to the agent as well as the field Access to all business units. The rights which have been marked shall automatically apply to all business units of the company represented by the grantor. In that case, there is no need to enter a Business Unit Code.

² Not mandatory. Please enter the relevant information only if the grantor wishes to grant power of attorney to a specific person from the company of the agent.

The power of attorney shall be accompanied by a copy of the identity card of the person authorized to represent the grantor.

The power of attorney shall remain valid until revoked and may only be used for the purposes specified above and it shall not be used for any other purposes.

By my signature below, I hereby certify, under criminal and substantive liability, that all information furnished herein is correct.

In _____, on _____

Stamp and signature
of the authorized representative/the grantor

Information to the respondent about the processing of personal data collected by the Power of Attorney for e-Invoice

Head of Personal Data Processing: Financial Agency (cro. Financijska Agencija – FINA), Ulica grada Vukovara 70, 10 000 Zagreb, OIB: 85821130368, info@fina.hr / info phone 0800 0080

FINA Personal Data Protection officer contact information: dpo@fina.hr

Personal data collected by this Power of attorney for e-Invoice are processed only for the purposes of accessing the Fina eInvoice service and are relevant for the realization of the contract in which the respondent is a party.

The recipient of personal data is FINA. The personal data collected from this Power of Attorney for e-Invoice are not available to other recipients.

Personal data will be kept for 12 years from the moment of service cancellation or the moment of certificate expiration, together with given service-using rights.

A person to whom personal data are related to, has the right to demand from FINA an access, correction, deletion, transfer and limitation of data processing and to file a complaint against the related personal data processing, assuming that the prescribed conditions are fulfilled.

The request for foregoing rights will be submitted in written form to the designated FINA business units whose list is published on internet adress: www.fina.hr.

The Respondent may file an objection to personal data processing to the supervisory entity – Personal Data Protection Agency (cro. Agencija za zaštitu osobnih podataka), Selska cesta 136, Zagreb, azop@azop.hr , www.azop.hr