

POWER OF ATTORNEY

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)

HEREBY AUTHORIZE

(Name and surname of the responsible person or other authorized person - agent)

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

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

To use the following services for and on behalf of the Business Entity represented by me as the responsible person:

☐ e-Regos

(Please mark the above with an "x" if you wish to grant power of attorney for the services listed below)

- Submission of R-Sm Forms to the REGOS System in FINA over the web by 31 December 2014, but only if payment was made and the R-Sm Form for the period from 1 January 2005 to 31 December 2013 has not been submitted, or in case of corrections to the already submitted R-Sm Forms - the R-Sm Correction Form
- Download of files with Specification Errors in contribution calculation itemized per insured person
- Download of information pertaining to unsuccessfully associated R-Sm forms and payment orders for compulsory pension insurance contributions based on individual capitalized savings
- Verification of membership of insured persons in the second pillar compulsory pension fund

☐ WEB RGFI

(Please mark the above with an "x" if you wish to grant power of attorney to use this service and mark the options below, additionally, for the services facilitating submission of statistical reports)

☐ Submitting and signing annual financial statements and documents intended for publication

☐ Submitting and downloading statistical reports

* Not mandatory. Please fill in if the grantor wishes to grant power of attorney to a specific person within the company of the agent. If the grantor does not specify the individual person to be granted power of attorney, power of attorney shall be granted to all persons within the agent's company holding digital certificates. If the grantor enters the information about the person being granted power of attorney, a separate Power of Attorney Form shall be submitted for each new person.

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

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

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.

In _____, on _____

Stamp and signature of the
authorized representative/grantor

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

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 FINA e-Services are processed only for the purposes of accessing the Fina e- 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 by this Power of Attorney for FINA e-Services are not available to other recipients.

Personal data will be kept for 10 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),) at the address Selska cesta 136, 10000 Zagreb, azop@azop.hr , www.azop.hr