

DESIGNATION OF AUTHORIZED USER(S) AND POWER OF SIGNATURE CONSENT TO SHARE DATA AND DOCUMENTS

I/We, the undersigned,

Fields with an asterisk * are mandatory

Name *	First name(s) *	Function *	E-mail *

in my/our capacity as legal representative(s) of the Entity:

Registered name *	RCS registration number (if applicable) *	Registered address *	Mailing address (if different from registered address) *

grant access to the i-Hub S.A. platform for the Authorized User(s) designated in the table below.

As legal representative(s), I/we may be designated as an Authorized User.

I/we acknowledge that the Authorized User(s) may access the i-Hub S.A. platform in the name and on behalf of the Entity, to consult the data and documents of the Entity and/or its related persons (e.g. beneficial owner, proxy/power of attorney, daily manager...), to upload documents and/or modify the data and documents of the Entity and its related persons, to represent the Entity towards i-Hub S.A. for all matters relating to the Entity's "know your customer" file.

Authorized User and power of signature ¹	
Name * :	First name(s) * :
Birth date * :	E-mail * :
By ticking the box(es) you, as legal representative, delegate to the Authorized User the designated action and you confirm that the Authorized User may perform it in the name and on behalf of the Entity in accordance with the Entity's rules of authority.	
Consent for and revocation of the lifting of professional secrecy necessary to share the Entity's data and documents with its business relations (as defined under Lifting of Professional Secrecy in the Privacy Policy available at https://www.i-hub.com/)	<input type="checkbox"/> I give power of attorney for this action
Signature of forms (for example: declaration of beneficial owner form, tax self-assessment form, IRS forms such as W8 and W9, where applicable)	<input type="checkbox"/> I give power of attorney for this action

Authorized User and power of signature ¹	
Name * :	First name(s) * :
Birth date * :	E-mail * :
By ticking the box(es) you, as legal representative, delegate to the Authorized User the designated action and you confirm that the Authorized User may perform it in the name and on behalf of the Entity in accordance with the Entity's rules of authority.	
Consent for and revocation of the lifting of professional secrecy necessary to share the Entity's data and documents with its business relations (as defined under Lifting of Professional Secrecy in the Privacy Policy available at https://www.i-hub.com/)	<input type="checkbox"/> I give power of attorney for this action
Signature of forms (for example: declaration of beneficial owner form, tax self-assessment form, IRS forms such as W8 and W9, where applicable)	<input type="checkbox"/> I give power of attorney for this action

If you want to designate more than two Authorized Users, please complete another form available on www.i-hub.com

As the legal representative(s) of the above named Entity:

☐ I/we consent by checking this box to the sharing of data and documents of the Entity with other business relationships as detailed in our Terms of Use available on <https://www.i-hub.com/>

Consent to share saves you time and efficiency. You update your information once and it will be shared with your business relations after validation by i-Hub. It prevents you from multiplying the actions in your Entity's file. For more information, please visit www.i-hub.com, section "Company"

CONDITIONS OF ACCEPTANCE OF THIS FORM BY I-HUB S.A.

This form must be signed by the Entity's legal representative(s) as defined by the Entity's power of signature and sent to documentation@i-hub.com (or by mail to the address at the bottom of the page) along with the following documents ***(to the extent that these documents have not already been provided to your business relationship, e.g. your bank):***

- the official and valid identification document of the person(s) signing this form;
- the official and valid identification document of the Authorized User(s);
- a current list of the Entity's authorized signatories confirming their power of signature (on Company letterhead including the specimen signatures of the signatories to this form)

By signing this form, you expressly acknowledge:

- ✓ you have read the i-Hub S.A. privacy policy available on <https://www.i-hub.com> concerning the persons linked to your Entity and you commit to send the link to this policy to these persons (e.g.: beneficial owner, proxy/power of attorney, other manager of the Entity...) whose personal data will be processed on the i-Hub S.A. platform;
- ✓ if you have checked the box on page 2 of the form, you acknowledge and confirm your consent to the sharing of the Entity's data and documents with other business relationship;
- ✓ have read and agree to i-Hub S.A. Terms of Use available on <https://www.i-hub.com> the Entity is responsible for the compliance of the Authorized User(s) with the Terms of Use;
- ✓ agree that this form shall be governed by and interpreted in accordance with the laws of the Grand Duchy of Luxembourg. The courts of Luxembourg shall have exclusive jurisdiction to settle any dispute arising out of or linked to this form.

If there are several legal representatives, please indicate the name(s), first name(s) and signature of each:

Name, First name(s) *	Signature of the legal representative of the Entity *

Place, date and signature * (DD/MM/YYYY)	
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Notes:

¹ Valid only for signatures made in connection with the i-Hub S.A. platform. Any power of attorney granted does not extend to the professional secrecy existing between the Entity and the business relations.