



E-Mail to ins.salzburg@ksv.at

I (we) hereby grant

Kreditschutzverband von 1870

Wagenseilgasse 7

1120 Vienna

Insolvency:

Insolvency number:

Reference number:

Court:

Registration deadline:

a power of attorney in accordance with § 253 (3) Austrian Insolvency Act (IO) to represent me (us) in the above insolvency proceedings. In particular, I (we) authorise them, in accordance with the statutory provisions, to file claims on my (our) behalf, to file and withdraw submissions and applications, particularly insolvency applications, to file appeals, to receive service of process, to conclude settlements, to receive cash and cash equivalents and to exercise voting rights in all proceedings on my (our) behalf.

Please select the desired form of representation:

- Full power of attorney** (to file the claim)
- Proxy voting power** (the claim has already been filed with the court)
- Voting instructions: In favour Against Best possible representation by KSV1870

Company name KSV1870 number

Bank details (IBAN and BIC) VAT number

Email address(es) for insolvency information and reports

If you authorise us, we will collect and process your personal data as required for representation in restructuring, insolvency, personal bankruptcy, and commencement of insolvency proceedings by the Kreditschutzverband von 1870 for fulfilment of insolvency representation tasks and for the exercise of its activities as a creditor protection association.

Further information on the purposes of processing your personal data, the legal basis, and and your data subject rights pursuant to Article 12ff of the General Data Protection Regulation (GDPR), can be found at <https://www.ksv.at/datenschutzerklaerung-kreditschutzverband-1870-dsgvo>

- I am not yet a member, and I am interested in membership. Please tell me about the benefits.**

Place / Date Name (authorised signatory) Signature / Stamp