

Please send by FAX 0043 / 5 04 100 1522



Officially recognized
Creditor Protection Association
according to Austrian insolvency law

Letter Of Authorization

which entitles



Schleifmühlgasse 2, 1040 Wien

in the bankruptcy mentioned below, to file legally our claim, to represent our interests at every date of hearing and to vote on our behalf. In addition to this to receive documents or money, and to take legal actions or to make a settlement out of court on our behalf:

Competent Court	
Court Reference Number	
Name of Debtor	
Address of Debtor	
Postal Code / Residence	
Filing Period	
CORPORATE DATA / CREDITOR :	
VAT Reg. No.	
International Bank Account No	
Bank Identifier Code	
Business E-Mail Address*	
E-Mail Address for the Receipt of Electronic Invoices **	

* Please name an e-mail address to which we can send all necessary correspondence (f.e. report of hearing, inquiries etc.) in the above mentioned bankruptcy

** Applicable only in case that invoices should be sent to a separate email address

.....
Place, Date

.....
Authorized Signature / Official Company Stamp

Our terms & conditions are published on our website: www.akv.at

**If you do not receive a confirmation receipt from our side,
we would kindly ask you to contact us again.**