**Form of power of attorney**

according to the Clause 54 Part two Point one of the Financial instruments market law

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date of issuance

# Power of attorney

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Natural person - name, surname, personal identification number (if the person does not have a personal identification number - the date of birth, the number, the date of issue, the country of issuance and the issuing authority of the passport or other identification document) or legal person - company name, registration number, legal address, representative, grounds of representation, as principal

authorizes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Natural person - name, surname, personal identification number (if the person does not have a personal identification number - the date of birth, the number, the date of issue, the country of issuance and the issuing authority of the passport or other identification document) or legal person - company name, registration number, legal address, as proxy

\_\_\_\_\_\_to represent the interests of principal at\_\_\_\_\_\_\_\_

*(the exact scope of competence can be specified if needed)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the shareholders’ meeting and type – annual or extraordinary general meeting

of joint stock company „Amber Latvijas balzams” (registration number: 40003031873, legal address: 160 Aleksandra Caka Street, Riga, LV-1012, Latvia)

with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shares belonging to the principal.

(all or specifying an exact amount of shares)

The power of attorney is issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_ subdelegation rights.

(with or without)

The power of attorney shall continue effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal – Signature, Name, Surname