# Power of attorney for natural persons to apply for public key certificates (Server.ID and Client.ID)

## 1. The person authorizing the power of attorney of to the requesting organization:

| | |
|---|---|
| Organization: | |

The organizational details must correspond to the official location (in public sources, e.g. the commercial register).

| | | | |
|---|---|---|---|
| Street name: | | House number: | |
| Postal code: | | Location: | |
| State: | | Country: | |
| represented by | | | |

Person 1 (or persons (1 & 2) in case of joint power of attorney) is authorized to issue the present power of attorney:

| | | | |
|---|---|---|---|
| Surname (Person 1): | | Given name (Person 1): | |
| Role (Person 1): | | | |
| | | | |
| Surname (Person 2): | | Given name (Person 2): | |
| Role (Person 2): | | | |
| Please name a contact person for us to verify the origin of this document. This may be Person 1 or 2 or another third party within the organization who is informed about the process. | | | |
| Contact person: | | E-Mail: | |

## 2. Authorized Person (certificate orderer) and organization affiliation:

All information is mandatory to validate the named person and authorization.

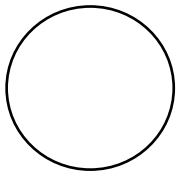
| | | | |
|---|---|---|---|
| Surname: | | Given name: | |
| Phone: | | E-Mail: | |
| Date of birth: | | | |
| Organization: | | | |
| Company/Organization address | | | |
| Street name: | | House number: | |
| Postal code: | | Location: | |
| State: | | Country: | |

## 3. Scope of the power of attorney:

I/we (Section 1) hereby authorize the person referred to in Section 2 to apply for **Magenta Security Server.ID** and **Client.ID** public key certificates on behalf of the **organization referred to** in Section 1. The power of attorney covers the entire certificate lifecycle for public and qualified certificates and permission to accept the terms of use. It is valid for a **maximum of 397 days** from the date of issue.

If necessary, a revocation of this power of attorney must be sent informally to our support: trust_center_notary@telekom.de. If possible, please provide the document ID for your power of attorney. This simplifies the processing.

## 4. Signatures

| | | |
|---|---|---|
| **Place, Date** |  | **Place, Date** |
| Signature of the 1st person to authorize the power of attorney. | In case of handwritten signatures: company stamp / official seal required for authorities | If applicable, signature of 2nd person to authorize the power of attorney (if required by representation regulation/joint power of attorney) |

Please upload this power of attorney digitized as a PDF for review.