

The authentication of this document is required:

Special Power of Attorney

The undersigned _____, residing in _____,
St. _____, No. _____, block _____, floor _____,
apartment _____, county/sector _____, Personal Numeric Code _____, holder
of the Identity Card/ Passport series ___ No. _____ issued on _____ by

Hereby grant full authority to _____, residing in
_____, St. _____, No. _____, block _____,
floor _____, apartment _____, county/sector _____, Personal Numeric Code
_____, holder of the Identity Card/ Passport series ___ No. _____ issued
on _____ by _____),

to act on my behalf in the contractual relationship with S.S.I.F. TRADEVILLE S.A., (a brokerage house having its registered office in Bucharest, District 3, 6A Calea Vitin, Block B, Section B, 3rd floor, registered with the Trade Register Office under No. J40/5868/09.07.1996, sole registration code: 8694021), and sign all necessary documents.

In order to duly fulfill this mandate, my agent's powers shall include, but not be limited to the following:

- fill in and sign account opening forms, contracts for the provision of financial investment services or any other documents required in the contractual relationship with S.S.I.F. Tradeville S.A.;
- trade financial instruments (including derivatives) on regulated markets and/or alternative trading systems in Romania or any other country. In this regard, the agent shall sign and send transfer orders of financial instruments, trading orders to S.S.I.F. Tradeville S.A., shall request and receive trade confirmations, portfolio statements and any other notifications issued by S.S.I.F. Tradeville S.A.;
- carry out money funds transfers from my accounts opened with S.S.I.F. Tradeville S.A. into my bank accounts, and from my bank accounts in my accounts opened at S.S.I.F. Tradeville S.A.;
- solicit and receive account statements, lists of confidential codes (if necessary) on the basis of the securities held by me in any of the companies accepted for trading on capital markets.
- partake in share capital increases, having the authority to fill in and sign all necessary documents and pay for the subscribed shares from my accounts opened with S.S.I.F. Tradeville S.A. into the account of corresponding companies;
- partake in takeover bids or public offerings (offers of purchase or sale) of financial instruments, carrying out all necessary procedures;

In addition to said operations, the Agent shall formulate all necessary requests and statements, file all documents requested by competent authorities, and shall receive, on my behalf, all documents issued by competent authorities, representing my interests until the revocation of this power of attorney, having the authority to sign on my behalf wherever necessary.

This power of attorney is authorized for a time interval of ___ years.

This power of attorney can be revoked by the grantor at any time, with a prior written notification sent to S.S.I.F. Tradeville S.A. in this regard, otherwise S.S.I.F. Tradeville S.A. cannot be held responsible with respect to the consequences resulted from acting on the grounds of this power of attorney.

The undersigned, _____, hereby state that I have read and fully understood this power of attorney and that it represents my will.

*Signed and authenticated by the Notary Public _____, on the day of
_____/_____/_____ in _____ original counterparts, one for the Notary Public and
_____ counterparts for each party.*