



Power of Attorney

By completing and signing this form, you can authorise a named person ("Attorney") to manage your Davy account on your behalf. The authorised person will be able to:

- access information about your account
- place orders to buy or sell investments and Davy products
- enter into transactions that will be binding upon you
- accept payment on your behalf
- change your payment details or contact address
- transfer shares to another broker

Please complete this section in full

Client	Authorised Person / Attorney
Client Name	Name
Account reference(s)	Address
Client Address	

Power of Attorney

I (Principal(s)) hereby appoint to be my Attorney in accordance with section 16 of the Powers of Attorney Act 1996 to do all or any of the following acts:

- a) Receive information, confirmations and statements relating to my share-dealing account(s) with Davy, reference(s) set out above;
- b) Instruct Davy to place trades, enter and dispose of investments and or make payments on my account;
- c) Complete, sign or execute any application forms or other documents necessary to do any of the acts at a) or b) above;
- d) Change the payment instructions, contact address or other details on my Davy account.

I intend this appointment to last:

- for days / weeks / months / years from the date on this form *(delete as appropriate)*
 - until dd/mm/yyyy
 - until Davy receives notice in writing from me stating that I want to end the appointment
- Please select one only

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Northern Ireland Office, 2nd Floor, Donegall House, 7 Donegall Sq. North, Belfast BT1 5GB. T: +44 0 2890 310655. F: +44 0 2890 310656.
Website www.davy.ie Confidential © Davy 2007



I acknowledge and understand that:

- Acts done by my Attorney on my behalf under this Power will be effective and binding on me as if I had done them myself;
- In the course of managing my account with Davy, my Attorney may enter commitments or arrangements on my behalf that will give rise to financial liabilities and debts to Davy and others; and
- I will be responsible for paying these debts and liabilities.
- This Power of Attorney only applies to the account references set out on this form.
- In the event of my death, this Power of Attorney will no longer be effective.
- In the event that I become mentally incapacitated, this Power of Attorney will no longer be effective.

IN WITNESS whereof this Power of Attorney has been duly executed by the Principal(s)

Signed

By

And

First Client

Second Client

(for joint accounts only)

In the presence of

Witness

Address

Please ensure that your Attorney(s) also sign this document.

Signed

By

And

Attorney (1)

Attorney (2)