

POWER OF ATTORNEY

This Power of Attorney is granted on: (date) _____

Company name: _____

Address: _____

Registration in the Commercial Register _____

Identification No. _____

Contact person: _____

Telephone: _____ e-mail: _____

(The "**Company**")

hereby appoints:
whose registered office is at:

MTS S.p.A. ("MTS")
Via Tomacelli 146
00186 Roma
Italy

(The "**Attorney**")

to be its Attorney for the following purposes:

1. To transmit and cancel settlement instructions relating to debt securities issued by the Czech Republic on behalf of the Company for the following account number/s of the Company with Centrální depozitář cenných papírů, a.s., ID. No. 25081489, with registered seat at Praha 1, Rybná 14, the Czech Republic (the "CDCP"):

(insert account number/s) _____
(in following sequence: code of participant, identifier, account number)

Name of account holder: _____
(in case of custodian)

2. To receive from CDCP information on the status of the instructions transmitted by the Attorney on behalf of the Company such as failed instructions and validation reports for the above account(s).

All communication given by the Attorney to CDCP shall comply with the format, modes of communication and procedures as specified by CDCP.

CDCP shall not be held liable for any action taken or omitted in good faith relying on instructions sent by the Attorney with respect to this Power of Attorney. The Company agrees to indemnify the CDCP against any liabilities, costs and expenses arising directly out of the exercise of the Attorney's powers under this Power of Attorney under the same conditions as the Attorney indemnifies the Company as stipulated by the applicable MTS S.p.a. Markets Terms & Conditions, but no less than to the extent stipulated by MTS S.p.a. Markets Terms & Conditions effective as of 1st March 2019. CDCP shall not be indemnified for any such liabilities, costs and expenses arising out of CDCP's negligence, wilful misconduct or fraud."

This Power of Attorney shall remain valid until notice of revocation or amendment is received from the Company by CDCP by registered mail. Any such revocation or amendment shall take effect on the second business day in Prague after receipt of such notice by CDCP or any later date specified in the notice accordingly.

This Power of Attorney is governed by and shall be construed in accordance with the laws of the Czech Republic. For and on behalf of the Company (MTS Participant):

Name and title of authorised signatory

Authorised signature

Name and title of authorised signatory

Authorised signature

Place

Date

Company name: _____

Address: _____

Registration in the Commercial Register _____

Identification No _____

Contact person: _____

Telephone: _____ e-mail: _____

(The "**Settlement Agent**")

The Settlement Agent accepts and agrees that CDCP will receive instructions from MTS to the above account.

For and on behalf of the Settlement Agent (CDCP Participant):

Name and title of authorised signatory

Authorised signature

Name and title of authorised signatory

Authorised signature

Place

Date

For acknowledgement (MTS):

Name and title of authorised signatory

Authorised signature

Place

Date