

AUTHORISATION LETTER

Date: _____

To: Automated Revenue Management Services Ltd. – C46054 (ARMS Ltd.)

Subject: Authorisation to Act on My Behalf

I, _____ (Name of Account Holder), holder of identity card number _____,
hereby authorize _____ (Name of Authorised Person), holder of identity card number
_____, to act on my behalf in relation to all matters concerning my ARMS Ltd. account.

This authorization specifically includes, but is not limited to:

- **Submitting or collecting documents or applications.**
- **Requesting, receiving, and obtaining information related to my account.**
- **Signing any forms or declarations required by ARMS Ltd.**
- **Requesting changes or updates to my account.**
- **Completing any administrative actions necessary for the management or processing of my ARMS Ltd. account.**

Both my original identity card and the identity card of the authorized person will be presented together with this signed authorization letter.

Account Number: _____

Service Address: _____

I hereby declare that this authorization is granted of my own free will. I acknowledge and accept that any actions, decisions, representations, or requests made by the authorized person within the scope of this authorization shall be deemed as having been made by me personally. I assume full and sole responsibility and liability for all such actions and for any consequences arising therefrom. I further undertake to indemnify and hold ARMS Ltd. harmless from any claims, disputes, or liabilities that may arise as a result of the authorized person's actions carried out pursuant to this authorization.

I hereby consent to the processing, use, and disclosure of my personal data and that of the authorized person by ARMS Ltd. solely for the purposes of verifying this authorization and enabling the authorized person to act on my behalf. This includes the handling of identification details, account information, and any related documentation necessary to fulfil the scope of this authorization. I confirm that I have informed the authorized person of this data processing and that ARMS Ltd. shall process such data in accordance with the General Data Protection Regulation (EU) 2016/679 and applicable Maltese data protection laws.

This authorization shall remain in full force and effect until it is withdrawn by the account holder through a written notice submitted to ARMS Ltd.

Name & Surname of Account Holder

Signature

Name & Surname of Authorised Person

Signature