



POWER OF ATTORNEY

The undersigned Mr/Ms (fill in the name), in the capacity of (fill in his/her qualification), with registered office in/resident in (fill in address/registeredoffice), being informed of the possibility of referring to the mediation pursuant to Art. 4, Para. 3, of the Legislative Decree No. 28/2010, as well as of the tax benefits provided under Articles 17-20 of the same decree (see Annex 1).

Grants hereby power of attorney to:

(fill in the law firm name), and in particular (fill in the attorneys' name, place and date of birth) as its attorneys to represent and defend, jointly and severally, the above mentioned company in the present arbitration proceedings, in every state, stage and grade of the proceedings, giving them full powers, including but not limited to appoint arbitrators or other attorneys to substitute them and to revoke and replace the arbitrators, that of drafting and signing acts and documents, to settle and conciliate the dispute, to withdraw the claims and the dispute. The aforesaid attorneys will have the powers to grant extensions or suspensions of the proceedings to the arbitrators included the term for the rendering of the award, and the power to amend and to complete the arbitration agreement, to appoint other attorneys jointly and severally, to elect domicile in every place they deem appropriate and in general to file petitions, requests, briefs, claims.

For the purpose of the present arbitral proceedings, he/she elects domicile at the office of (fill in the law firm name) in (fill in the address).

Place, dd / mm / yyyy
By its legal representative of the company
(fill in the signature)

Seen as authentic
Attorneys
(fill in the signatures)

This document is just a sample.

For any further assistance please contact the Chamber of Arbitration www.camera-arbitrale.com