

Your Name

Address, City, ST ZIP Code

business@company.com

Date

Airwallex Lithuania UAB
Konstitucijos pr. 21B,
LT-08130 Vilnius
Lithuania

To: Airwallex Lithuania UAB (“Airwallex”)

This is to confirm that **[insert name of Customer]** (“Company”) has authorized the following person(s) (“PPTAs”) to act on behalf of the Company to contract with or otherwise use the services of Airwallex and to execute any documents relating to such services:

Name of PPTA	Position within the Company	Contact details
[insert name of PPTA]	[insert position of PPTA]	Email address: [] Phone number: []
[insert name of PPTA]	[insert position of PPTA]	Email address: [] Phone number: []
[insert name of PPTA]	[insert position of PPTA]	Email address: [] Phone number: []

The Company agrees that:

- (a) it shall notify Airwallex in writing promptly of any change(s) to this authority; and
- (b) this letter shall come into effect from the date of this letter and remain effective unless and until Airwallex has received written notification(s) from the Company of any change(s) to this authority.

Signed by:

Name:

[insert name of signatory]

Position: Director (CEO)

Director (CEO)

Dated:
