

Mandate (incl. Power of Attorney)

for execution of:

(title and date of event)

Submitted to: VIENNA LOYALTY FUND

The Organizer

Company/organization

Company name	Legal form

Contact person

Title	First name	Last name

Address

Street name and door number	Zip code	Town/city	Country

hereby commissions and authorizes the Contractor

Company

Company name	Legal form

Contact person

Title	First name	Last name

Address

Street name and door number	Zip code	Town/city	Country

to execute the event specified above. The mandate and power of attorney includes the conclusion of contracts with third parties by the Contractor for the Client's account in relation to execution of the event specified above.

Further, the Organizer hereby authorizes the Contractor to apply as authorized company for funding from the Vienna Tourist Board for the above-mentioned event. The authorized company represents the Organizer in all matters related to the submission and processing of the application.

This mandate is required for acceptance by the Vienna Tourist Board of contracts, invoices and payments related to the above mentioned event between the Contractor and third parties, e.g. for the event venue, equipment, catering, etc., as proof of execution of the event by the Organizer, in relation to the processing of applications for funding from the Vienna Loyalty Fund.

In particular, this means that the financial risk associated with executing the event specified above must be borne by the Organizer. The financial risk is deemed to be borne by the Organizer if the Organizer bears the financial costs arising from execution of the event specified above (excluding any remuneration payable to the Contractor for executing the event), on the basis of a contractual agreement with the Contractor. The Vienna Tourist Board expressly reserves the right to assess whether the Organizer bears the financial risk and to demand presentation of all documentation in this regard.

The Organizer and Contractor are obliged to notify the Vienna Tourist Board without delay if this mandate is amended or terminated.

This will not affect the other conditions for the provision of funding.

- As the Organizer, I hereby agree that if the funding application is approved, the funding amount will be paid to the account of the Contractor (please tick if applicable)

Organizer / Grantor of the Power of attorney

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Name of company/organization in block capitals

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Name of authorized person(s) in block capitals

.....
Place & date

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Legally binding signature(s) of authorized person(s)/authorized signature (with company stamp, if available)

Contractor/Grantee of the Power of attorney

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Name of company/organization in block capitals

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Name of authorized person(s) in block capitals

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Place & date

.....
Legally binding signature(s) of authorized person(s)/authorized signature (with company stamp, if available)