

# A U T H O R I Z A T I O N

## 1. From (principal = producer or brand owner)

Company name DOMAINE AF GROS	Register number
Address 5 GRANDE RUE-	Postal code 21630
City POMMARD	Country FRANCE
Telephone 0380226185	Fax
E-mail af-gros@wanadoo.fr	Contact person Caroline PARENT

## 2. To (agent/importer/company outside Finland selling goods from their stock)

Company name Concealed Wines AB	Register number 556770-1585
Address Bo Bergmansgata 14	Postal code 115 50
City Stockholm	Country Sweden
Telephone +46 737 099 182	Fax
E-mail calle.nilsson@concealedwines.com	Contact person Calle Nilsson

## 3. Contents of the authorization (appointment)

We (principal) hereby appoint the above company to act on our behalf in respect of business transacted with Alko Inc., Finland, as follows (please tick one or more of the below options):

- Agent entitled to receive operational information (order copies, statistics and information on offer processing)
- Agent entitled to make binding offers on our behalf and to receive operational information from the date indicated under paragraph 5
- Importer in Finland entitled to make binding offers/sales agreements on our behalf from the date indicated under paragraph 5
- Company outside Finland selling goods from their stock and entitled to make binding offers/sales agreements to Alko on our behalf from the date indicated under paragraph 5

## 4. Product assortment

Below is a clarification of the product families and producers covered by this authorization.

- Entire range
- The following product families/producers:

\_\_\_\_\_

- The following brands:

\_\_\_\_\_

- Other, please specify:

\_\_\_\_\_

## 5. Duration of the authorization

This authorization will become effective on \_\_\_\_\_ (date) and is valid until further notice. When the authorization ends, we will advise Alko Inc. in writing of its termination. If the representation of a product changes, possible changes of delivery clauses or modes of delivery will be effected according to the separate timetable given in Alko's listing instructions.

## 6. Place, date and signature

Pommard 6/12/2016

Place and Date

Caroline PARENT

Signature and clarification of signature

**DOMAINE A. F. GROS**  
 Adresse : LA GARELLE  
 Grande Rue  
 21630 POMMARD  
 TEL : 03 80 22 61 85 - Fax : 03 80 24 06 76



General Manager

Company Position / Authority to sign