

POWER OF ATTORNEY

_____ 20_____
(city)

"
"
K" _____ aaaaaaaaaa _____ .
(full name of the principal)

hereby authorize _____
(full name of the authorized person)

passport number _____, telephone number _____,

to collect cp'ceegu'ectf 'vq'vj g'r'ngpct { 'tguukqp'k'o { 'pco g from the
_____ ceegu'ectf "eqmgevkp"point.

*The power of attorney is not valid without rt gugpvkpi 'vj g'r cuur qt w'qh'vj g'r t kpek cn'
cpf 'cwj qt k gf 'r gt uqp.*

Power of attorney granted until _____ 20 _____.

Principal signature _____ / _____
(full name of the principal)

Authorized person signature _____ / _____
(full name of the authorized person)