

# POWER OF ATTORNEY

## AUTHORISED REPRESENTATIVE:

\_\_\_\_\_ (identity number \_\_\_\_\_ - \_\_\_\_\_)

## CONTACT INFORMATION:

\_\_\_\_\_  
Phonenumber

\_\_\_\_\_  
E-Mail

## IS AUTHORIZED TO PERFORM THE TASK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRINCIPAL:

\_\_\_\_\_ (identity number \_\_\_\_\_ - \_\_\_\_\_)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place and date

## AUTHORISED REPRESENTATIVE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place and date