## KOLEJE A MENZY <u>TUL</u>

## **Power of Attorney**

Name:	
Date of birth:	
Permanent address:	
(hereinafter referred to as the "Principal")	
hereby authorizes	
Name:	
Date of birth:	
Permanent address:	
(hereafter referred to as "Agent")	
to:	
In on	
officially verified signature of the principa	ı