

POWER OF ATTORNEY NO. _____
on behalf of legal entity

_____ 2019
(city)

(full name of the principal organization, indicating the type of business entity)

as represented by _____,
(job title and full name of person issuing power of attorney)

acting on the basis of _____,
(document establishing the authority of the person issuing power of attorney)

hereby authorizes _____,
(full name of authorized person)

passport number _____, contact telephone number _____,

to collect **participants' bags** in accordance with the attached list.

List of participants attached (the power of attorney is not valid without the list).

Power of attorney granted until _____ 2019.

Certified by _____
(Full name of authorized person) (signature of authorized person)

Principal

(job title) _____ / _____
(signature) (full name)

AFFIX SEAL HERE

List of participants

Full name	Date of birth

Principal

(job title)

AFFIX SEAL HERE

_____/_____
(signature) *(full name)*