

To the Accreditation Center
The National Centre RUSSIA

Power of attorney

(full name of the trustor organization with indication of its legal form)

in the person of _____
(position, surname, first name, patronymic of the person who issued the power of attorney)

acting on the basis of* _____
(document establishing the powers of the person issuing the power of attorney)

Truly trusts _____
(surname, first name, patronymic of the authorized person)

passport: series _____ , number _____

contact number: _____

receive accreditation badges according to the list.

* A person acting on the basis of a power of attorney must attach a copy of this power of attorney

Caption _____ I certify.
(signature of authorized person) *(signature transcript)*

Trustee:

(signature of the principal)

(signature transcript)

M.P.

(date of authorization)

List of badges to receive:

Surname First Name Patronymic

Passport series and number

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Trustee:

(signature of the principal)

(signature transcript)

M.P.