

**POWER OF ATTORNEY NO. \_\_\_\_\_**  
**on behalf of legal entity**

\_\_\_\_\_ 2018  
(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 **participant accreditation badges** in accordance with the attached list from  
the FINOPOLIS 2018 accreditation point.

***List of participants attached (the power of attorney is not valid without the list and  
copies of the passports of all participants to be accredited).***

Power of attorney granted until \_\_\_\_\_ 2018.

Certified by \_\_\_\_\_  
(Full name of authorized person) (signature of authorized person)

Principal

**Organization  
seal**

\_\_\_\_\_  
(job title)

\_\_\_\_\_/\_\_\_\_\_  
(signature) (full name)

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*\* The party acting with power of attorney should affix a copy of the document granting power of attorney*

**List of participants**

*(the power of attorney is not valid without the list and copies of the passports of all participants to be accredited)*

Full name	Date of birth	Participant passport number

Principal

\_\_\_\_\_  
*(job title)*

Organization  
seal

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\_\_\_\_\_/\_\_\_\_\_  
*(signature)*      *(full name)*