

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

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

AFFIX SEAL HERE

** 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)

AFFIX SEAL HERE

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