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| FILING OFFICE STAMP |

**POWER OF ATTORNEY**

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| ***Applicant*** | First name  | Surname | Surname at birth |
|  |
|  | Date of birth | Personal identification number |
| ***Permanent address:***  | Street | House No. | City district |
| Municipality/Town/City | Postcode | Country |
|  |
| ***Attorney-in-fact*** | First name | Surname |
| Date of birth | Personal identification number |
| ***Permanent address:*** | Street | House No. | City district |
|  | Municipality/Town/City  | Postcode | Country |
| ***Mailing address*** | Street | House No. | City district |
|  | Municipality/Town/City  | Postcode | Country |
|  | E-mail | Phone |  |
| **This power of attorney authorizes the attorney-in-fact to make any legal acts in relation to the proceedings on recognition of foreign university education and qualifications in the Czech Republic.** |
| Date InSignature of the applicant ---------------------------------------------------------------------Signature of the attorney-in-fact -------------------------------------------------------------------- |