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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 In    Signature of the applicant ---------------------------------------------------------------------  Signature of the attorney-in-fact -------------------------------------------------------------------- | | | | | |