POWER OF ATTORNEY

For a natural person

	*
	ication document:,
	hereinafter: "Principal") hereby authorise
	. , , ,
	identification document:,
mother's name:	
Name:	
I accept this power of attorney:	
,	
Name:	
In witness whereof:	
Witness 1:	Witness 2:
name:	name:
address:	address:
signature:	signature: