

POWER OF ATTORNEY

The undersigned:

Personal Identification Number: Identity Card No.:

Permanent Residence:

Telephone Number: E-mail:

(hereinafter referred to as the "Principal")

hereby grants a power of attorney to

Full Name / Business Name:

Personal Identification Number / Company Registration Number (ID No.):

Identity Card No. / Registered in:

Permanent Residence / Registered Office:

(If the Attorney-in-Fact is an attorney-at-law, insert: Slovak Bar Association Registration Number: (Attorney Registration Number). If the Attorney-in-Fact is a family member, insert: Relationship to the Principal.)

(hereinafter referred to as the "Attorney-in-Fact")

To perform the following acts:

.....
.....

This Power of Attorney shall remain in effect (e.g., for an indefinite period, until DD.MM.YYYY, or until the completion of all related proceedings and the full settlement of the above mentioned obligations).

I grant this Power of Attorney voluntarily, freely, and with full intent.

Executed in, on

.....

Principal's Handwritten Signature