

POWER OF ATTORNEY

Company name.....

Registered office address.....

Identification number.....

hereafter the "Principal"

hereby authorizes

Name, surname

Address of residence

Date of birth

(hereafter the "Attorney")

to represent the Principal at.....

The attorney is / not authorized to act independently through authorized representative or to delegate the power of attorney to another person or to authorize its employee to act on behalf of the principal.

This Power of Attorney shall be governed by and construed in accordance with laws of the Czech Republic.

In _____ on _____

Name:

Signature of the managing director