

POWER OF ATTORNEY

city _____ « ____ » _____ 20__

I, _____, born on _____,
(full name of the authorizing person) (year of birth)

passport _____, issued by _____
(series and number of the passport of the authorizing person) (date and place of issue)

registered at the address: _____
(address of the place of registration)

_____, authorize
_____, born on _____,
(full name of the authorized representative) (year of birth)

passport _____, issued by _____
(series and passport number of authorized person) (date and place of issue)

_____, registered at the address:

(address of the place of registration)

- to receive my international passport No. _____, GWF _____
(series and number of the passport) (application number)

- to receive my child's international passport _____
(full name of the child)
_____ No. _____, GWF _____
(series and number of the passport) (application number)

from "VF Services" LLC (OGRN 5067746761517, INN 7723585629 / KPP 772401001, legal address: 115230 Moscow, Kashirskoe shosse, 3, bldg. 2, building 4, 2nd floor, room 31) for which I authorize him to receive and submit documents, perform all formalities, sign and perform all actions related to the execution of this assignment.

I certify the signature of _____
(Full name of the authorized person) (signature of the authorized person)

Contact phone number of the authorized person: _____

The power of attorney is issued for a period up to " ____ " _____, without the right to re-delegate powers under this power of attorney to other persons.

_____/ _____/
(signature of the authorizing person) (full name of the authorizing person)

COPIES OF BOTH PASSPORTS ARE ATTACHED