



Full name of account holder

Agreement / Account Number

Permanent Address
Zip Code, City, Street, Building Number,
Office Number

Passport Information
Number, Issuing date and authority

City Executing Power of Attorney

Day, Month, Year

Power of Attorney

Full name of account holder

appoints _____, full name

residing at _____, city, street, house number, apt. number

_____ passport number, issuing authority and date

to represent the Account Holder in all matters related to the aforementioned contract between the Account Holder and Selectel Ltd., with the power to give and receive technical equipment to/from Selectel Ltd.; to sign documents for the Organization, including delivery and acceptance forms; and to exercise all other actions and formalities related to executing the aforementioned contract.

This Power of Attorney is effective **until** _____ Day, Month, Year

This Power of Attorney **may not be transferred to a third party.**

I hereby accept this appointment and assume all legal responsibilities related hereto.

Full name and signature of the Appointee

Signature

Printed Name