

POWER OF ATTORNEY

The undersigned

Name
Street address
Postal code, place and country

hereby authorizes

Name of attorney
Street address
Postal code, place and country

☐ to submit applications for Value Added Tax refunds and answer related queries on behalf of the undersigned.

☐ to receive Value Added Tax refunds on behalf of the undersigned.

This Power of Attorney is effective until further notice unless revoked in writing.

Place and date	Signature	Name in block letters
----------------	-----------	-----------------------