

POWER OF ATTORNEY

The undersigned

Name
Street address
Postal code, place and country

hereby authorizes

Name
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.

to lodge appeals to the tax authorities and/or the courts on behalf of the undersigned.

to grant and revoke sub-power of attorneys related to 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
		Position