**POWER OF ATTORNEY No.** \_\_\_\_\_\_\_\_\_

|  |  |  |
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| city of \_\_\_\_\_\_\_\_\_\_\_\_ |  | dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2016  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ legal entity,

(name of an enterprise)

EDRPOU Code \_\_\_\_\_\_\_\_\_\_\_, registered at the address: \_\_\_\_\_\_\_ Str., city of \_\_\_\_\_\_\_\_, Ukraine, (hereinafter referred to as “Grantor”), represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name), acting on the basis of the Charter, herewith grant the Power of Attorney to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) (hereinafter referred to as “the Agent”) undertake on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enterprise the following actions: represent interests of the Grantor with the Ukrainian Chamber of Commerce and Industry and regional chambers, undertake all actions required for certification of documents associated with foreign economic activity (documents of commercial nature) in favour of the Grantor, specifically:

* present on behalf of the Grantor documents associated with foreign economic activity (documents of commercial nature) for certification, originals of service delivery report(s);
* receive on behalf of the Grantor documents associated with foreign economic activity (documents of commercial nature) for certification, originals of service delivery report(s);
* sign on behalf of the Grantor originals of service delivery report(s);
* sign on behalf of the Grantor in a registration log of documents associated with foreign economic activity (documents of commercial nature);
* undertake other actions required for execution hereof.

The Power of Attorney is issued without the right of substitution and is valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is certified herewith

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (position) | (signature, stamp of an enterprise) | (full name) |