

POWER OF ATTORNEY

for administration at SzékhelySzolgálat.Net Kft.

Company name:

Tax number:

Data of the authorizing person (managing director)	Data of the authorized person:
Name:	Name:
Place and date of birth:	Place and date of birth:
Address:	Address:

As a representative of the company above, I authorize to act on my behalf in connection with the following matters:

<input type="checkbox"/>	Making the contract and completing the related statements
<input type="checkbox"/>	Making the declaration of beneficial ownership statement
<input type="checkbox"/>	Collecting incoming letters and packages

Date:

Authorizing person

Authorized person

Witness 1.:

Name:

Address:

Signature:

Witness 2.

Name:

Address:

Signature: