

Power of attorney

I,

personal ID number

ID card number

permanently residing at

AUTHORISE

Mr./Mrs.

personal ID number

ID card number

permanently residing at

to represent me in the matter of submitting a request for a financial contribution from the
Prevention Fund of the VZP CR. I request that the contribution be paid into a bank account:

Account number at the bank

This power of attorney is granted for the period from

to

In on

.....
Signature of the principal

I declare that I accept the above authorisation:

In on

.....
Signature of the proxy