Appendix 1 to the Programme Regulations – Power of Attorney Form

POWER OF ATTORNEY

issued in \_\_\_, on \_\_\_.

by:

[business name], with its registered office in [city/town] at [street and number], [postal code and city/town], NIP [Tax Identification Number], REGON [Statistical Number], hereinafter referred to as **the Principal**, represented by:

[name and surname - [position]

for

[name and surname]**,** employed in the position of [position] at the Principal, hereinafter referredto as **the Attorney**,

reading as follows:

**§ 1**

1. **The Principal** grants **the** **Attorney** a power of attorney to act as follows:
2. \_\_\_.
3. The Attorney is entitled to perform all legal and factual transactions that prove necessary or essential for the performance of this power of attorney.

**§ 2**

1. This power of attorney does not authorise **the Attorney** to grant substitute powers of attorney.
2. Any amendments to this power of attorney must be made in writing under pain of nullity.
3. This power of attorney may be revoked at any time.
4. This power of attorney has been signed in two counterparts, one for each party.

 …………………………….

 Principal

*I confirm the receipt:*

*…………………………….*

*Attorney*