
(name and surname)

(address of permanent residence)

(city and postal code)

POWER OF ATTORNEY

Signed _____, born _____, residing at above stated address,
(name and surname) (date of birth)
give full power of attorney to _____, born _____,
(name and surname of agent) (date of birth of agent)
residing at _____,
(full address of agent)

to represent my interests as client at Ad futura public fund during the administrative procedure of obtaining a scholarship after the fifteenth public call for applications and during the time I will be receiving the scholarship, should one be granted to me.

(place and date)

(signature)