
(name and surname)

(address of permanent residence)

(city and postal code of permanent residence)

(country of permanent residence)

POWER OF ATTORNEY

Signed _____, born on _____, residing at _____
(name and surname) (date of birth)

above stated address, give full power of attorney to the person stated below to represent my interests as client at Ad futura public fund during the administrative procedure of obtaining a scholarship under the 22. public call for applications and during the time I will be receiving the scholarship, should one be granted to me.

The person with residence in Slovenia I give the power of attorney to is:

Surname and name:

Date of birth

Address (street and no.):

Address (postal no. and city):

Phone (with area code):

(place and date)

(signature)