

Lublin, date.....

POWER OF ATTORNEY

I, the undersigned.....

.....

.....

(first and last name, address, Social Security Number (PESEL), ID series and number of the authorizing person)

hereby grant a Power of Attorney to Ms/Mr:.....

.....

.....

(first and last name, address, Social Security Number (PESEL), ID series, number, and degree of kinship of the authorized person)

to handle this issue in the Department of Administrative Affairs of the Lublin City

Office:

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(give details unambiguously identifying the subject matter of the case)

.....
(legible signature with first and last name of the authorizing person)

The stamp duty for the power of attorney is PLN 17 (not applicable to powers of attorney granted to the spouse, ascendant, descendant or siblings).