

Lublin, date.....

POWER OF ATTORNEY

I, the undersigned

.....

(first and last name, address, social security number (PESEL), ID series and number of an authorizing person)

hereby grant the Power of Attorney to Ms/Mr:

.....

(first and last name, address, social security number (PESEL), ID series, number, and degree of kinship of an authorized person)

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

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(detailed, precise, and unambiguous description of the issue)

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

The stamp duty for power of attorney shall be PLN 17 (not applicable to powers of attorney for spouse, ascendant, descendant, and siblings.)