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Full name of account holder

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Agreement / Account Number

<b>Permanent Address</b> Zip Code, City, Street, Building Number, Office Number	
<b>Passport Information</b> Number, Issuing date and authority	

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City Executing Power of Attorney

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Day, Month, Year

### Power of Attorney

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Full name of account holder

appoints \_\_\_\_\_,  
full name

residing at \_\_\_\_\_  
city, street, house number, apt. number

\_\_\_\_\_  
passport number, issuing authority and date

to represent the Account Holder in all matters related to the aforementioned contract between the Account Holder and Selectel JSC, with the power to give and receive technical equipment to/from Selectel JSC; to sign documents for the Organization, including delivery and acceptance forms; and to exercise all other actions and formalities related to executing the aforementioned contract.

This Power of Attorney is effective until \_\_\_\_\_  
Day, Month, Year

This Power of Attorney **may not be transferred to a third party.**

I hereby accept this appointment and assume all legal responsibilities related hereto.

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Full name and signature of the Appointee

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Signature

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Printed Name