



Organization Legal Name

Organization Legal Name

Agreement / Account Number

Legal Address Zip Code, City, Street, Building Number, Office Number		
Mailing Address Zip Code, City, Street, Building Number, Office Number		
State Registration Number (OGRN)	Tax ID (INN)	Corporate Code (KPP)

City Executing Power of Attorney

Day, Month, Year

Power of Attorney

Legal Organization Name

Legal Organization Name

henceforth the Organization, represented by _____
position

full name

acting on the basis of _____,

charter/power of attorney number

appoints _____,
full name

residing at _____
city, street, house number, apt. number

passport number, issuing authority and date

to represent the Organization in all matters related to the aforementioned contract between the Organization 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.

Full name and signature of the Appointee

Position

Organization Legal Name

Signature

Printed Name