



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
