

POWER OF ATTORNEY
to receive the products

the city of _____
(City)

Date: _____

I, _____, registered at the address:

S.N.P.

country, city, street, house, apartment, zip code

Passport (series and number) No. _____, issued on (date) _____, authoriz

_____, registered at the address:

SNP

country, city, street, house, apartment, zip code

Passport (series and number) No. _____, issued on (date) _____, to receive

on my behalf the products ordered via the website <https://backoffice.aplgo.com>

The Power of Attorney is valid from _____ to _____

The authorities under this Power of Attorney can not be transferred to other parties

Signature of the grantor _____ SNP (_____)

Signature of the agent _____ SNP (_____)

Important: to fill in all blank fields (otherwise the Power of Attorney shall be deemed invalid) and attach passport copy of the grantor hereto.