**Power of attorney**

I, the undersigned:



Date of birth:

Address:



Number of identity document / passport:



hereby

**appoint**

the Documentation Centre for Property Transfers of Cultural Assets of WW II Victims (Centrum pro dokumentaci majetkových převodů kulturních statků obětí II. světové války, o.p.s.)



Company identification number (IČO):

227 72 961



Contact address:

Čs. armády 34/828, 160 00 Praha 6, Czech Republic



as my agent

for purposes of processing and utilizing all of the provided information in connection with the production of a research report.

This power of attorney remains in effect until the completion of the research report.

…………………. (place) , dated / …. 20..



authorizing party

I hereby accept this power of attorney. Prague, dated …. / …. 20..

………………………………………………………………………………………………… authorized party (agent)

This power of attorney may be revoked.