

POWER OF ATTORNEY

I, _____,
Name, Last name

born _____, Passport Nr. _____,
Date of birth

hereby authorize

Name, Last name

born _____, Passport Nr. _____,
Date of birth

Do the following in my name and / or on behalf of my underage child (tick the appropriate box):

Submission of the application documents to Russian Visa Application Centre in _____ and undertake related and necessary actions (except of signing the visa application)

To pick up my passport or the passport of my underage child. (Please provide a copy of the power of attorney)

To sign the consent statement as Art. 6 Sec. 1 lit. a of EU General Data Protection Regulation Nr. 2016/679 dated 27. April 2016 on my behalf

The authorization of the above specified actions may not be delegated to third parties.

Place, Date

Signature