

Power of Attorney

I, , the undersigned,
born on and
residing at

hereby appoint

Mr / Ms..... ,
born on , and
residing at

as my agent (attorney-in-fact) to act for me in receiving and accepting a sealed envelope containing a password and other information necessary for me to access the Masaryk University Information System. The agent is not authorized to open the sealed envelope and is obliged to present it to me personally at the earliest possible moment.

Signature:

Date:

Signed at:

I, the above designated agent, hereby acknowledge the receipt of this Power of Attorney

Signature:

Date:

Signed at: