**FULL POWER**

**to represent a Legal Person**

Company + name of representative: ...............................................................................

ID: .................................... Tel. contact: ................................................

Headquarters / address: .............................................................................................

**(Agent)**

**I hereby authorize**

Name: ......................................................................................................

Hometown: ................................................................................................

Home address: ...........................................................................................

**(Plenipotentiary)**

He may act on my behalf in all actions related to the purchase of materials in the company CATALYCON s. r. o., ID No. 25407627.

All non-cash transactions arising from the aforementioned negotiations will be credited to the bank account number: ......................................................................

This document shall be valid for a maximum period of one year from the date of issue or for a fixed period until: .................................. (the period shall not exceed one year from the date of issue).

In .................................. on ...........................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(certified signature and stamp of the principal, in the case of a company the signature of its representative
in the Commercial Register)

I accept the power of attorney in its entirety without reservation.

In .................................. on ...........................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of the proxy)