

Power of attorney of joint tenderers**Social Insurance Board****POWER OF ATTORNEY OF JOINT TENDERERS**

Hereby _____ (name), registration number/personal identification code _____, address _____ (details of the tenderer(s) who authorizes) authorizes _____ (name), registration number/personal identification code _____, address _____ (the tenderer to be authorized) to sign and submit on behalf of _____ (data of the tenderer(s) who authorize(s)) to submit a public procurement and to perform actions related to the procurement procedure and the conclusion/execution of the procurement contract.

Address and contact details of the authorized representative (including e-mail):

A power of attorney has been issued without the right to sub-authorize.

Names and personal identification codes of representatives of joint tenderers:

Signatures of representatives of joint tenderers: */digitally signed/*