**CIVIL AVIATION AUTHORITY CZECH REPUBLIC**

K letisti 1149/23

161 00 Praha 6

**POWER OF ATTORNEY**

The undersigned fill the name, date of birth / identification number , residence / registered office (hereinafter "the party to the proceedings")

**hereby authorises**

fill the name, date of birth / identification number , residence / registered office (hereinafter "the agent" ),

to represent the party to the proceedings in accordance with Section 33 of Act No. 500/2004 Coll., the Administrative Procedure Code, as amended, in matters of fill specific act, subject of the proceeding or a specific subject of an unspecified number of proceedings.

The agent is [not] allowed to grant a power of attorney to another person to act on behalf of the party to the proceedings in lieu of the former.

The party to the proceedings acknowledges that except for the cases where he/she is to carry out something in the proceedings personally, written documents shall be delivered to the agent only.

At fill the place of the signature on the fill the date of the signature

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

Name of the party to the proceedings