

Centrum Naukowo-Badawcze Ochrony Przeciwpożarowej im. Józefa Tuliszkowskiego
PAŃSTWOWY INSTYTUT BADAWCZY
ul. Nadwiślańska 213, 05-420 Józefów

CERTIFICATION DEPARTMENT

POWER OF ATTORNEY

Acting on behalf of:

I grant
Ms / Mrs / Mr:

.....
job title:

.....
social security number or another national identifier:

.....
the power of attorney to represent:

.....
in the following activities associated with obtaining a CNBOP-PIB:

- certificate of admittance
- certificate of constancy of performance („CPR”)
- national certificate of constancy of performance (*building mark „B”*)
- voluntary certificate of conformity
- UAE certificate of compliance

in particular to:

- obtain information on the current status of the conducted process
 - by telephone
 - by e-mail
- receive documents issued by the Institute including:
 - original letters sent to the Applicant
 - agreement on the supervision over the granted “*certification*” as indicated above
 - invoices issued by the Institute resulting from the process as indicated above
 - certificates of admittance
 - certificate of constancy of performance („CPR”)
 - national certificate of constancy of performance (*building mark „B”*)
 - voluntary certificate of conformity
 - UAE certificate of compliance

- sign agreements related to ongoing processes as indicated above

This power of attorney is valid: from / until dismissed

This power of attorney does not include the right to grant further powers of attorney.

PRESIDENT / DIRECTOR

.....
Legibly name and surname, signature and date