

## POWER OF ATTORNEY

### The undersigned

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

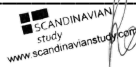
e-mail: \_\_\_\_\_


### hereby grants:

Name of agent: Scandinavian study Slovakia

e-mail: kamil@scandinavianstudy.com

phone No.: +421 917 181 408

 SCANDINAVIAN  
study  
www.scandinavianstudy.com



### Power of Attorney:

- To sign and submit applications for admission to Zealand Institute of Business and Technology (ZIBAT) on my behalf for a period of one year from the date of my signature
- To act on my behalf to ensure enrolment at ZIBAT to the extent allowed by the agency agreement between the agent and ZIBAT
- To request and receive information from ZIBAT concerning my enrolment, including examinations, graduation, attendance and expulsion, if any, for a period up to three years from the date of my signature
- To forward a copy of this power of attorney to ZIBAT

Under criminal liability, I also declare that all information given to the agent or provided by me directly to ZIBAT in order to achieve admission at ZIBAT is true and correct, to the best of my knowledge.

Finally, I confirm that I have received the following information:

- The agent has the right to verify that a copy of a document corresponds with the original document, but not that a document or a copy of such is otherwise genuine or issued by a specific institution or authority
- The agent has the right to translate diplomas and transcripts of grades into English
- The agent does not have the right to evaluate whether the admission requirements of a programme have been met
- The agent's actions or omissions on my behalf are binding on my behalf.

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature