

Power of attorney**Applicant number**

and/ or

Registration number

indicate, if known

Validity period*:**Summer semester 20****Winter semester 20****unlimited****I hereby authorise... (Details of the person granting the power of attorney))**

Name

First name

Street, No.

Postcode, place

Date of birth

Place of birth

(Details of the authorised person))

Name

First name

Street, No.

Postcode, place

Date of birth

Place of birth

to execute all requested actions at the University of Vechta and to issue statements related to the **

Application

Enrolment

UniCard

This power of attorney also includes the authorisation to receive documents and certificates.

Place, date**Signature of the person granting the power of attorney****Important note: Please add to this document:**

- 1. Simple copy of the identity card (front and back) of the person granting the power of attorney**
- 2. Simple copy of the identity card (front and back) of the authorised person**

* Tick if applicable