

I:

Name		CPR number
Date	Signature	

grand power of attorney to:

Name		
Liza Nabatova (Dream Foundation)		
Address		
Poska 51a		
Postal code	City	Phone number
10150	Tallinn, Estonia	
Mobile phone number	E-mail	
+371 27822047	liza.nabatova@dreamfoundation.eu	
Date	Signature	

In the application year

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on my behalf to apply for higher education in the sated priority. I also grand power of attorney to accept an offered study place

Priority	Admission area no.	Name of programme	Education institution	Standby (mark if applied)
1				
2				
3				
4				
5				
6				
7				
8				