KOT
The Coordinated Enrolment

Power of attorney

I:

Name: Jan Hoffman	CPR number: 0 6 1 2 9 7 - 0 0 0 0
Date: 7. 1. 2019	Signature: cpr number = datum narození + 0000

grand power of attorney to:

Name: SCANDINAVIAN STUDY S.R.O. (Jakub Ruzicka)		
Address: K Moravine 7		
Postal code: 190 00	City: Praha 9	Phone number: 00420792 365 010
Mobile phone number:	E-mail: info@scandinavianstudy.com	
Date:	Signature: Scandinavian study s.r.o.	

In the application year

2 0 1 9

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		Marketing Management	ZIBAT	
2		Marketing Management	DANIA	
3		Marketing Management	UCN	
4				
5				
6				
7				
8				