

## POWER OF ATTORNEY

**City of Kyiv, the twenty first of July, two thousand twenty-one.**

I, **Ivanov Ivan Ivanovych**, date of birth: January 01, 0000, taxpayer registration card number: 0000000000, passport AA123456 issued on June 04, 2007 by Dniprovskiy District Division of the Main Department of the Ministry of Internal Affairs of Ukraine in the city of Kyiv, registered at the address: 5 Teatralna Street, apartment 3, city of Kyiv, acting by virtue of the oral agency agreement, **do hereby authorize:**

**Petrova Hanna Mykolaivna**, date of birth: December 08, 1993, passport ББ123456 issued on January 10, 2010 by Desnianskyi District Militia Division of the Main Department of the Ministry of Internal Affairs of Ukraine in Chernihiv Region, registered at the address: 10 Soborna Street, apartment 46, city of Kyiv,

to represent my interests in all and any state, municipal, labor, staffing, archival institutions (including the archives of the Ministry of Defense, the Ministry of Internal Affairs, the State Security Service of Ukraine), authorities of civil status registration, archives of the authorities of civil status registration and other competent authorities of Ukraine, authorities executing residence registration, housing managing companies, district, regional and city state administrations, village councils, religious organizations and communities (including synagogues), as well as other state and non-governmental organizations on the territory of Ukraine, and to be my representative in all and any authorities, divisions and subunits of the Ministry of Internal Affairs of Ukraine for genealogy research purposes; to this end, the Attorney is authorized to sign and submit applications on my behalf, request, provide and obtain the necessary documents, certificates and correspondence, request and receive on my behalf the originals, duplicates, official copies of documents, recover the lost documents, vital records, records on birth, marriage or death, pay the pertinent expenses, sign on my behalf and do or effect anything within the frames of this Power of Attorney.

I have received the Notary explanations concerning the text of Sections 244, 247-250 of the Civil Code of Ukraine, Section 65 of the Family Code of Ukraine.

This Power of Attorney has been issued without the delegation right for the term of one year and expires on the twenty second of July, two thousand twenty-two.

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Signature

City of Kyiv, Ukraine, the twenty first of July, two thousand twenty-one.

This Power of Attorney has been certified by me, Sydorova Hanna Mykolaivna, the Private Notary of Holiivskiy District Notarial Office.

This Power of Attorney has been signed by Ivanov Ivan Ivanovych before me.

The identity of the above-mentioned person is verified, his legal capacity is confirmed.

Registered in the Register under # 000.

The fee has been collected in hryvnias amounting to as prescribed by Section 31 of the Law of Ukraine "On notariate"

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PRIVATE NOTARY