**ДОВЕРЕННОСТЬ**

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|  |  |  |  |  |  |  |
| город, населенный пункт |  | число |  | месяц |  | год |

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| Я, |  |  |

 Фамилия, Имя, Отчество доверителя

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|  |  |  |  |  |  | рождения |
| число |  | месяц |  | год |  |  |

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| паспорт |  |  |  |  |  | выдан |  |  |  |  |  |  |
|  |  | серия |  | номер |  |  |  | число |  | месяц |  | год |

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|  |
| кем выдан |

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| --- | --- |
| зарегистрированный/ная по адресу: |  |

Уполномочиваю настоящей доверенностью:

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 Фамилия, Имя, Отчество доверенного лица

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|  |  |  |  |  |  | рождения |
| число |  | месяц |  | год |  |  |

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| паспорт |  |  |  |  |  | выдан |  |  |  |  |  |  |
|  |  | серия |  | номер |  |  |  | число |  | месяц |  | год |

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|  |
| кем выдан |

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| зарегистрированного/ную по адресу: |  |

Представлять мои интересы при подаче документов в Национальный Реестр Специалистов.

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| Образец подписи |  |  |  |  |  | удостоверяю |
|  |  | ФИО доверенного лица |  | подпись |  |  |

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|  |  |  |
| подпись |  | ФИО доверителя |

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|  |  |  |  |  |
| число |  | месяц |  | год |