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*Uzņēmuma, iestādes, organizācijas nosaukums/Company Name*

Reģistrācijas Nr./ Registration No. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Juridiskā adrese, tālr. Nr./ Legal Address, telephone

turpmāk tekstā KLIENTS/hereinafter referred to as CLIENT.

**PILNVARA/POWER OF ATTORNEY**

Izsniegta Rīgā (Latvija), 202\_. gada \_ \_ .\_\_\_\_\_\_\_\_\_\_\_\_\_.

Issued in Riga (Latvia) on the \_ \_ th day of \_\_\_\_\_\_\_\_\_\_\_, 202\_. Nr./No.\_\_\_\_

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This Power of attorney is effective from the moment of signing and is valid till *DD.MM.YYYY*

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*Amats / Job position Vārds, uzvārds / Name, surname Paraksts / Signature*

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