

I:

Name		CPR number
Date	Signature	

**grand power of attorney to:**

Name Liza Nabatova (Dream Foundation)		
Address Poska 51a		
Postal code 10150	City Tallinn, Estonia	Phone number
Mobile phone number +371 27822047	E-mail 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				