**Splnomocnenie**

Meno a priezvisko: ......................................................................................................................

rodné číslo: ................................................ číslo OP: ...............................................................

bydlisko: ......................................................................................................................................

splnomocňujem

Meno a priezvisko: ......................................................................................................................

rodné číslo: ................................................ číslo OP: ...............................................................

bydlisko: ......................................................................................................................................

aby ma zastupoval (a) vo veci: ....................................................................................................

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V ........................................... Dňa .....................................................

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podpis