**PEŁNOMOCNICTWO**

**Power of Attorney**

*Imie i nazwisko/Name and surname* …………………………………………………………………………………………………………

*Adres/Address*………………………………………………………………………………………………………………………………………..

*Dane przedsiębiorcy/Details od the trader*………………………………………………………………………………………………….

*Charakter skargi/Nature of complaint*………………………………………………………………………………………………………..

Hereby, I give consent for the European Consumer Centre in Poland represented by its Coordinator ECC PL, Mr Karol Muż as well as its Consumer Advisors to undertake the safeguarding of his / their interests against the abovementioned opponent in order to find an out-of-courtsettlement and demand(s) to dispatch the entire correspondence referring to the abovementioned issue hereafter to European Consumer Centre in Poland located at Plac Powstańców Warszawy 1, 00-950 Warszawa.

*Data i podpis/Date and place of signature* …………………………………………………………………………………………………