



To the Administrator of Edu-Action Exams Centre

	POWER OF ATTO	POWER OF ATTORNEY		
I,			_•	year of birth,
	identity card / passport No			_,
I entrust to				year of birth
	identity card / passport No			_,
test: dress for whic collec	a TKT certificate for me (test date:) at the "Edu-Action Exa :: Tashkent, Bunyodkor Avenue ch I grant her / him the right to sub ct and receive the necessary certi nd perform all actions related to the	ams Centre" e 2-3, CIU b bmit applica ficates and	at the follouilding 4th tions on mandated	owing ad- h floor ny behalf, s, sign
Date:		Signature: _		