

## POWER OF ATTORNEY

The undersigned

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

e-mail: \_\_\_\_\_

Hereby grants:

Name of agent: \_\_\_\_\_ Dream Foundation \_\_\_\_\_

e-mail: \_\_\_\_\_ liza.nabatova@dreamfoundation.eu \_\_\_\_\_

phone No.: \_\_\_\_\_ +371 27822047 \_\_\_\_\_

Power of Attorney:

- To sign and submit applications for admission to Zealand academy of Technologies and Business on my behalf for a period of one year from the date of my signature
- To act on my behalf to ensure enrolment at Zealand to the extent allowed by the agency agreement between the agent and Zealand
- To request and receive information from Zealand concerning my enrolment, including examinations, graduation, attendance and expulsion, if any, for a period up to three years from the date of my signature
- To forward a copy of this power of attorney to Zealand

Under criminal liability, I also declare that all information given to the agent or provided by me directly to Zealand in order to achieve admission at Zealand is true and correct, to the best of my knowledge.

Finally, I confirm that I have received the following information:

- The agent has the right to verify that a copy of a document corresponds with the original document, but not that a document or a copy of such is otherwise genuine or issued by a specific institution or authority
- The agent has the right to translate diplomas and transcripts of grades into English
- The agent does not have the right to evaluate whether the admission requirements of a programme have been met
- The agent's actions or omissions on my behalf are binding on my behalf.

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature