

.....  
(place)

.....  
(date)

**AUTHORIZATION  
TO ACT IN THE FORM OF DIRECT REPRESENTATION**

I hereby authorize

**Customs Agency COLEX, ul. Wirażowa 35, 02-158 Warsaw,  
Regon Statistical No.: 012566442, VAT (PL) No.: 118-003-15-04**

to act for and on the behalf of

.....  
.....  
(name and address of the natural person or legal entity granting the authorization)

PESEL [Polish Resident Identification No.]/REGON Statistical No..... VAT No. .... EORI

in scope of the following activities connected with trade in goods with foreign countries:

1. Testing and sampling of goods before making customs declaration
2. Preparing necessary documents and making a customs declaration
3. Payment of import and export duties and other charges
4. Collecting goods after their release
5. Submission of collateral amounts resulting from the customs debt
6. Submitting appeals and other applications subject to examination by the customs authorities
7. Other .....

All customs agents working in the customs agency Colex, regardless of employee turnover, have the right to exercise the activities covered by the power of attorney.

I also agree to grant further authorizations pursuant to Art. 77 of the Customs Law Journal of Laws 68/2004 item 622.

The nature of present authorization is\*

- unlimited.
- limited until .....
- single-use.

Principal of this authorization further declares that it assumes responsibility for:

- accurate translation of invoice into Polish language (including legible signature of the translator)
- the actual conformity of the goods with documents in terms of quantity, weight, type, model, type, series and other rated markings
- compliance of the goods specified on the commercial invoice with pricing or other documents specifying the price
- keeping the deadlines agreed upon in the course of proceedings

.....  
(Principal's signature and stamp)

**CONFIRMATION OF AUTHORIZATION ACCEPTANCE**

.....  
(date)

.....  
(signature of the Customs Agent acting on behalf of the Customs Agency)

\* cross out as appropriate

**NOTE!**

**Stamp duty in the amount of PLN 17.00 must be  
paid for the authorization  
to the bank account of:**

**Włochy District Office  
at the Capital City of Warsaw  
77 1030 1508 0000 0005 5003 5049**

**Please attach a copy of the transfer to the  
authorization.**