# P O W E R O F A T T O R N E Y

Title *(Mr/Ms/Miss/Mrs)* _____ Full Name _____

Residential Address:

*House Name/Number* _____ *Street Name* _____

*District* _____ *City* _____ *Country* _____

*Postcode* _____

Date of Birth _____/ _____/ _____ Place of Birth _____
*Day* *Month* *Year* *City and Country*

Citizenship(s) _____, _____ Identification _____
*Citizenship 1* *Citizenship 2* *Identity card / Passport Number*

Telephone _____ E-mail _____

# APPOINTS

Dimitar Stefanov Ivanov, PIN 8610074542

David Dimov, PIN 9301134640

Tatyana Todorova Nachkova, PIN 646035773

Ritzchel Aperin Freeman, PIN 1004611603

Adekunle Oluwatobi Adetayo, PIN 800076198

Nedyalka Ivanova Stoilova, PIN 8803054513

Yasen Vasilev Kraychev, PIN 9106114504

*Representing MedConnect Europe Ltd., 223 Regent Street, London, W1B 2QD, United Kingdom, Registered in England. Company no. 10796193,* (hereinafter referred as "Supplier") to act for the Student under the terms of the Supply of Services Agreement ("Agreement") in respect to the *admission to the following programmes ("**Elected Programmes**"):*

***Medicine – Dentistry** (Please circle any that apply)*

*at the following universities ("**Elected Universities**"):*

***Medical University Plovdiv** – **Medical University Sofia** – **Medical University Pleven** – **Medical University Varna** – **Trakia University** **University Prof. Doctor Assen Zlatarov – Bourgas - University of Forestry - Sofia** (Please circle any that apply)*

With authority to bind the Student in any manner whatsoever including the power to:
a) Prepare, sign and execute any document, information and material required by the Elected University for the Student's application, enrolment and registration in the Elected Programme (Admission Documents);
b) Submit to and receive from the Elected University the Admission Documents together with information on the Student's performance level within the Elected Programme;
c) File the application form with the Elected University in relation to the Elected Programme;
d) Pay all the fees for the admission to the Elected Programme with the Elected University;
e) Carry out any ancillary action required in order to finalise the Student's admission to the Elected Programme;
f) Sign the agreement with the Elected University regarding the Student's participation to the Elected Programme;
g) Enter into a tenancy agreement or make accommodation arrangements on behalf of the Student;
h) Represent the Student before the relevant authorities with regard to residence permits, visa applications and admission into university;
i ) Represent the Student before the Ministry of Education and ALL Regional inspectorates of Education in Bulgaria with regards to obtaining a certificate of equivalence of high school diploma and any other activities or documents required for admission to the university.

This power of attorney shall be deemed to come into force on the date hereof and shall remain in force until the Agreement is terminated, unless revoked by the Student by notice in writing to the Attorney.
*The Student hereby declares that this power of attorney shall at all times (both during and after the said period) be conclusively binding on the Student and his/her personal representatives in favour of third parties who have not received notice of the revocation thereof, but so that the exercise by the Student in person from time to time of any of the powers hereby conferred shall not of itself be deemed to be a revocation.*
*The Student also declares that he/she hereby ratifies and confirms whatsoever his/her said Attorney may have done at any time in the past on his/her behalf within the scope of this power of attorney.*
*The Student also declares that he/she hereby gives his explicit consent and grants the authorized persons the right to reauthorize third parties with a part or all of the rights granted under this power of attorney.*

Name: _____ Signature: _____

Place: _____ Date: _____/ _____/ _____
*City and Country*