

.....
(place)

(date)

AUTHORIZATION **to act in the capacity of direct / indirect representative**

The Company:

(name and seat of the person granting the authorization, or the stamp)

NIP

EORI

REGON

Tel/fax/kom.

e-mail

hereby authorizes the Customs Agency:

Agencja Celna S.MED - Chaczyński

s_med@wp.pl	Office:	tel/fax	+48 22 212 89 17	mobile:
agencja@smed.waw.pl	Al. Krakowska 106		+48 22 868 19 70	+48 600 871 430
www.smed.waw.pl	02-256 Warszawa	fax	+48 22 378 11 43	+48 538 629 538

to represent the company before customs authorities in order to perform all activities and comply with all formalities stipulated in the provisions of the customs law with regard to commercial exchange of commodities with foreign countries.

The authorization shall in particular apply to:

- examination of commodities and taking of samples before submitting a customs declaration,
- preparation of necessary documents and submitting a customs declaration,
- payment of customs duties on import or export or other amounts,
- picking up of commodities on their release,
- lodging a security on customs debt amounts,
- filing appeals or other requests to be considered by customs authorities.

At the same time the Principal agrees for this authorization to be further granted pursuant to art. 77 of the Customs Law.

This authorization is*):

- permanent
- temporary till
- occasional

.....
(legible signature and stamp of the person granting the authorization)

I confirm acceptance of the authorization:

.....
(date and signature of the agent or person authorized to represent the agent)

*) Delete as appropriate