

Power of Attorney No.
to represent the interests of an individual

city of _____, *(place of issue)*
_____ year of two thousand and _____.
(day, month and year of the issue of the power of attorney)

I, _____

(Last name, first name and patronymic name, title and details of the identity document (series, number, issuing authority, date of issue, division code))

TIN, SNILS (if any) _____

hereby grant the right to _____
(specify the full name, TIN and OGRN of the educational establishment)

represented by its employees authorized to undertake the following actions:

1. Enter into the following agreements on my behalf:

- comprehensive banking services agreements,
- bank account opening agreements as well as bank card emission and usage agreements.

2. Sign the following documents on my behalf:

- Application for comprehensive banking services, application for comprehensive banking services and a bank card of Bank GPB (JSC), including the consent to process my personal data and the consent to receive promotional information about the Bank services and products;

- Customer self-certification forms for individual customers, including the consent to submit my details to foreign tax authorities (including the US Internal Revenue Service, IRS) and state authorities of the Russian Federation (including the Central Bank of the Russian Federation, a federal executive body authorized to combat money laundering and terrorism financing and a federal executive body authorized to control and monitor taxes and levies), submit any information and provide comments for the purposes of compliance with foreign account tax law of foreign states.

3. Process and hand over to Gazprombank (Joint Stock Company), short name Bank GPB (JSC), registered at 16 Nametkina, bldg. 1, 117420, Moscow, my personal data specified by me in the electronic application forms forwarded by me via _____ *(specify the Internet resource used to forward the documents to the educational establishment)* for the purposes of entering into the agreements mentioned above.

4. Submit copies of my identity documents as well as documents confirming any changes in my identity or personal details to Bank GPB (JSC).

5. Receive from Bank GPB (JSC) the details of the bank account opened in my name with Bank GPB (JSC) based on the agreements made in accordance with item 1 of this Power of Attorney and intended for transfer of the scholarship amounts due to me.

This Power of Attorney shall be valid till _____. 20__ inclusive.

(signature, printed name)

I hereby confirm and certify that the signatures and passport details of the above individuals provided herein are true and correct.

Manager _____
(signature, printed name: position, last name and initials)

Seal here *(if any)*