POWER OF ATTORNEY

Undersigned: (Company name): Registered seat:												
VAT number:	HU											
hereby authorize :												
Undersigned (name):												
Address:	H											
Mother'maiden name:	Hungary											
Identity card No.:												
	go) toll paying devices for the company and act on company's behalf d on the attached list* in the Slovenian toll system at the Darsgo service											
Date:												
I accept this power of attorney.	name (authorizer)											
	name (authorized)											
Witness 1	Witness 2											
Name:	Name:											
Address:	Address:											
Personal ID No.:	Personal ID No.:											
Signature	Signature											

^{*} the Annex is an essential part of the attorney

Annex

DarsGo boxes for the below VRNs that are addressed to company	/
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Nr.	Vehicle Registration Number
1.	
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Signature and company stamp

Date:

^{*}the Annex is an essential part of the attorney