

# Power of Attorney



Please fill in the form legibly, in block letters with diacritics.  
For more information, visit the website [www.pidlitacka.cz](http://www.pidlitacka.cz).

## Grantor

Name\*

Surname\*

Address:

Street

House number

Flat number

City/Town

ZIP code

(hereinafter referred to as the "Grantor"):

hereby authorizes

## Attorney

Name\*

Surname\*

Address:

Street

House number

Flat number

City/Town

ZIP code

(hereinafter referred to as the "Attorney"):

## Declaration of the Grantor

to represent the Grantor in the matter of submitting an application for the issue of a Lítačka card issued by the Capital City of Prague, specifically to submit a filled and signed application for the issue of a Lítačka card, to provide proof of identity and provide a copy of the Grantor's identity card or other proof of identity (e.g. passport) for inspection at the Lítačka contact point to an authorised person, collect the issued Lítačka card, Lítačka card (un)blocking and to perform any other follow-up or other related actions necessary to issue and possibly collect the card and to secure all client services such as: representing the Grantor in the matter of registration of the In-card identifier, BPK, or mobile application; administration of the Lítačka client web account, administration of purchased coupons assigned to the Grantor's account and other services listed on the website [www.Pidlitacka.cz](http://www.Pidlitacka.cz).

Given that a copy of the Grantor's ID card (or other valid identity document) forms an annex to this Power of Attorney, in order to prove the Grantor's identity in connection with the service processes mentioned above, I hereby grant the Grantor within the meaning of § 39 letter. c) Act no. 269/2021 Coll., on identity cards, express consent to obtain a copy of my identity card (or a copy of another of my identity documents); and at the same time the Grantor within the meaning of Act no. 110/2019, Sb. on the processing of personal data, as amended, and EU Regulation no. 2016/679 (GDPR), for the period of validity of this power of attorney, expressly consents to the processing of its personal data resulting from the obtained copy of the identity card provided for the purpose and in connection with the service processes mentioned above. Information on the processing of personal data is available on the website [www.pidlitacka.cz](http://www.pidlitacka.cz).

This Power of Attorney is valid for a period of three months from the date of its signing by the Grantor.

## Grantor

in: .....

on: .....

signature: .....

I declare that I accept the above authorization.

## Attorney

in: .....

on: .....

signature: .....