

9 TUVAL ST, P.O.B. 1704, RAMAT GAN 52117, ISRAEL | 52117 רח' תובל 9, ת"ד 1704, רמת גן 1704 | 152117 וSRAEL | 52117 רמת גן 1704 אינער 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת גן 1704, RAMAT GAN 52117, ISRAEL | 52117 רמת



TO: MEMBERSHIP DEPARTMENT

FAX: 03-6122629

ACUM

Power of Attorney

Surname, first name		ID/Passport number		Date of Birth	
I					
Hereby, authorize the following person:		(Please fill 9 digits)	(dd/m	m/yy)
Surname, first name				ID/Passport number	
address: (contact address)					Postal code
Place / country	Telephone		E-mail	il	
transferred. Also, the agent will not be entitled to receive r to me from ACUM. Moreover, this power of Attorney does not graworks created by me on my behalf. In witness whereof I have signed:					
Dat	te:		_ Signatur	·e:	
I, the undersigned,, Notary Pu 2013, Mr, holder of ID or proved to me on the basis of satisfactory evi subscribed to the within instrument, personally me that he executed the same in his capacity.	idence	to be the individual	whose name i	S	
			G.		