

SAMPLE DELIVERING AUTHORIZATION FORM

I, the undersigned.....
born on.....in.....
address.....
city and country.....

authorize

Mr/Ms.....
born on.....in.....
address.....
city and country.....

to deliver my sample to Helab Florence in Piazza della Libertà
13, Florence.

(date).....

delegant’s signature.....

delegated person’s signature.....

The document is accompanied by an identification document (identity card, driver’s
license or passport)

the delegate and the delegate.