

## POWER OF ATTORNEY

WRITTEN AT.....

DATE.....MONTH.....YEAR.....

(MR / MRS / MISS) FAMILY..... FIRST NAME .....

MIDDLE ..... NATIONALITY ..... AGE ..... YEAR HOLDER OF THE PASSPORT OR

TRAVELLING DOCUMENT NO. .... DATE ..... MONTH .....YEAR.....

ISSUE AT .....VALID UNTIL DATED ..... MONTH ..... YEAR .....

HERE BY AUTHORIZE (MR / MRS / MISS) NAME AND FAMILY NAME.....

AS OUR REPRESENTATIVE,WITH FULL AUTHORITY TO:

.....  
.....  
.....  
.....

.....  
SIGNATURE GRANTOR OF AUTHORIZATION

.....  
SIGNATURE AUTHORIZATION REPRESENTATIVE