**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: ………………………………….………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………......………………………………….………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………......

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SIGNATURE GRANTOR OF AUTHORIZATION

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SIGNATURE AUTHORIZATION REPRESENTATIVE