Power of Attorney

Date:

I ( Mr./Mrs./Miss ) the undersigned,

identification No………………………………………………

Authorize Mr./Mrs./Miss…………………….…………………………………………..

identification No………………………………………………

to apply the document authentication for me.

…………………………………………………

Signature of the applicant with his/her stamp

…………………………………………………

Signature of the substitute with his/her stamp