

Power of Attorney

Date:

To Whom It May Concern:

I hereby have entrusted the following person to be a proxy regarding application for NB Type Examination. I am therefore responsible for the contents of the application.

Agent Information	
Company Name:	
Company Address:	
Contact Name:	
Job Title:	
Phone:	
Email:	

Product Information	
Brand Name:	
Model (s):	

Any and all acts carried out by on our behalf shall have the same effect as acts of our own.

Regards,
Applicant's signature:

Applicant Information	
Company Name:	
Company Address:	
Contact Name:	
Job Title:	
Phone:	
Email:	