

Power of Attorney

Date(YYYY/MM/DD): / /

I, _____(Applicant) hereby appoint
_____(Substitute) as attorney for Authentication
or Apostille at Certification Section of the Consular Service Division of
the Ministry of Foreign Affairs.

Applicant

Name:

Address:

Telephone Number:

Substitute

Name:

Address:

Telephone Number:

Signature of Applicant_____