**Power of Attorney**

I, signed below, …….......................................................................................................,

born on.........................................in…………………….......................................................,

resident in…………………………………………………….………..…………......…………….….,

give a power of attorney to Mr/Mrs ................................................................................................................................................

born on .................................................................................................................................,
resident in……………..……..………………..…………….............................................................

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

In.............................................. date.................................

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

 *signature*