**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*