

Date: \_\_\_\_\_

To: \_\_\_\_\_

Power of Attorney

Proxy

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

I hereby entrust the above-mentioned person with the following procedure.

1.

Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_