POWER OF ATTORNEY

Subject: Certification of documents

		Written at	
		Date	
	By this power of attorney, I		
		, residing at	
age _	years, nationality	, residing at	
		with full power	
to su	bmit my documents to the Legal	lization Division, the Ministry of Foreign Affair for	
legali	ization as my attorney. I hereby con	nmit myself to being held fully responsible for whatever	
action	n or deed, committed by him as it	f I myself have committed the said action or deed. In	
evide	ence whereof, I have subscribed here	eunto in the presence of the witnesses.	

 Principal
 Authorized person
 Witness

Witness