

**POWER OF ATTORNEY**

Affix  
Stamp  
Duty

Written at .....

Date ..... Month ..... Year .....

I (Mr./Mrs./Miss) ..... Age ....., Holding nationality of.....,  
Race ....., residing at (address) ....., Lane ....., Road .....,  
sub- district ....., District .....,Province ....., and office  
address no. ...., Road ....., Sub district....., District ....., Province .....,  
contact number .....

Hereby authorize (Mr./Mrs./Miss) ....., Age .....,  
Holding nationality of....., Race ....., Staying at (address no.) .....,  
Lane....., Road....., Sub district ....., District .....,  
Province..... to perform any acts with respect to this power of attorney that shall  
deem as performed by myself, as follows:

- 1. ....
- 2. ....
- 3. ....
- 4. ....

I hereby provide signature in front of witnesses thereof.

Signature ..... Grantor

Signature ..... Grantee

I hereby certify that signature or fingerprints belong to the grantor.

Grantor's ID Card  
No. ....  
Date of Issue .....  
Date of Expiry .....

Signature ..... Witness

Signature ..... Witness