POWER OF ATTORNEY

	Written at:
	Date:
•	, Passport No,
	,, on ,, residing at
	, Telephone No, do hereby, the holder of Passport No,
date of birth, issued at	, the holder of rassport No, residing, Telephone No,
	attorney to
commitment for which I shall take full respons	Signed Principal ()
	Signed Attorney-in-fact
	()
	Signed Witness
	()
	Signed Witness