



A P P L I C A T I O N F O R M
P O W E R O F A T T O R N E Y

Time _____
Date _____

1. Grantor

Name (as appears on ID) _____

Date and Place of birth _____

Nationality _____ Occupation _____

Marital status ☐ SINGLE ☐ MARRIED ☐ Marital Property ☐ Separate Ownership of Property

Address _____

Telephone _____ Email _____

Type of ID _____ Number _____

Full legal name of company/corporation _____

Position in the company _____

2. Grantee (s)

Name (as appears on ID) _____

3. Mandate (information regarding the objective to the power of attorney)



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4. Interpreter (if applicable)

Name (as appears on ID) _____

Date and Place of birth _____

Nationality _____ Occupation _____

Marital status ☐ SINGLE ☐ MARRIED

Address _____

Telephone _____ Email _____

Type of ID _____ Number _____

5. Co-grantor (if required)

Name (as appears on ID) _____

Date and Place of birth _____

Nationality _____ Occupation _____

Marital status ☐ SINGLE ☐ MARRIED ☐ Marital Property ☐ Separate Ownership of Property

Address _____

Telephone _____ Email _____

Type of ID _____ Number _____

Applicant's signature

Date
