



Power of Attorney

Written at

Date

I,
residing at House No.

.....
the authorized signatory, with the office located at No.
Road.....Sub-district.....District Province.....

Telephone, hereby, authorize,
residing at House No.

.....
to be the attorney-in-fact to act on my behalf.

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

IN WITNESS WHEREOF, I have hereunto affixed my signature or fingerprint in the presence of witness(es).

(Signature) Principal

(Signature)Attorney-in-fact

I hereby certify that it is true signature or fingerprint of the Principal.

Authorizing Identification
No.
Issued Date
Expiry Date

n.013

(Signature) Witness
()

(Signature) Witness
()