

POWER OF ATTORNEY

Know all men by these present that the undersigned _____
do hereby make, constitute and appoint as true and lawful attorney for me in my place and stead

_____ hereinafter referred to as the Attorney, empowering the said Attorney:

(1) To apply in my name and on my behalf for any authorisation which may be required for
any act related to my application for _____
with Identity Malta Agency.

(2) This power of Attorney is valid for one (1) year
three (3) years
five (5) years

AND I hereby undertake to approve, ratify and confirm whatsoever the said Attorney shall lawfully
do or cause to be done in the premises.

In witness whereof we have hereunto set our hand at _____
_____ this, _____ (____) day of _____ of the
year of Our Lord two thousand and _____ (20____).

Mandatory/Attorney

Name in block letter: _____

Signature:

Date:

Mandator

Name in block letter: _____

Signature:

Date:

Witness

Name in block letter: _____

Signature:

Date: