IDENTITY MALTA AGENCY
Valley Road, Msida. MSD 9020, MALTA
W: www.identitymalta.com
E: enquiries@identitymalta.com

POWER OF ATTORNEY

I,

holder of Identity Card No. / Passport No.

hereby appoint

holder of Identity Card No. / Passport No.

as my lawful attorney to act in my capacity and in my place and stead in all dealings with Identity Malta Agency, with regards to issues relating to my application for

with Identity Malta Agency.

This power shall be in full force and effect on the date indicated below and shall remain in full force until the said application is fully processed or unless specifically extended or rescinded earlier by either party in writing.

Date D D M M Y Y Y Y

Signature _____

INDIVIDUAL ACCEPTING POWER OF ATTORNEY

Name and Surname

Address

Mobile No.

Email address:

Signature _____

WITNESS TO SIGNATURE

Name and Surname

Signature _____

(This Power of Attorney is to be signed before a Notary or Advocate)