**To：**

**POWER OF ATTORNEY**

**Delegator**

Name :

Address :

TEL :

E-Mail :

**Agent**

NAME :

Address :

TEL :

E-Mail :

As we true and lawful attorney in fact, to act for me in our company name, place, and stead, and on our behalf to do and perform the following:

**Details:**

|  |  |  |
| --- | --- | --- |
| 1. Authority given to the agent. | |  |
| 1. Validity period. | |  |
| 1. Termination of delegation. | |  |
| 1. Governing Law. | |  |
| 1. Notarization. | Notarized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 　Public Notary, [City],  [Country] 　Seal / Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Delegator |  | Agent |  |
| Date |  | Date |  |
| Signature |  | Signature |  |