**Power of Attorney**

I, , the undersigned, am unable to personally （A）□submit my application form （B）□ pick up my police criminal record certificate at Police Department.

I hereby authorize (□Mr. □Ms.) to act on my behalf in the process of application.

Applicant’s Signature:

The Authorized Person’s

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID/ Passport No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

 (Month) (Day) (Year)