SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRES	SENTS:		
THAT I/We,			
	(first name , middle nai		•
,citizen, of legal age, (citizenship)	, and resident of (civil status)	(co	mplete address)
with telephone numberdo hereby appoint, name ar		(first	name , middle name, last name)
(citizenship)	, and resident of (civil status)	(complete ad	dress in the Philippines)
Philippines, to be my true and lawfu	al attorney-in-fact / representative to acount of the state of the sta		
Department of Foreign Affairs of [] Apply for the DSWD travel clear [] Apply for a visa to	rance of my minor child(ren)/ward(s) lis on behalf of my minor te/s and other personal document/s of passport and visa applications.	sted below;	ed below:
Name(s) of my minor child(ren)/war	d(s):		
Name:			
Name:		Birthd	ay:
This special power of attorn		ay do by virtue thereof	
until revoked.			
IN WITNESS WHEREOF, I have hereunto set my hand this Consulate General in Macau SAR.		day of	20in the Philippine
		D: : // /5 :	
SIGNED IN THE PRESENCE OF		Principal/s (Fu	l Name and Signature)
Witness (Signature over Printed Name)		Witness (Signature over Printed Name)	
Republic of the Philippines)			
BEFORE ME, personally appeared Name	ID Number	Date/Place Issued	
the same is their free and voluntary	pe the same person/s who executed the act and deed. In the date and place first above written		nt and acknowledged to me that
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