POWER OF ATTORNEY	
KNOW ALL MEN BY THESE PRESENTS:	
THAT I/WE,	
Name_	
Age Civi	l Status
Residing at	
do hereby name, appoint and constitute:	
Name	19
AgeCiv	il Status
Keciding at	
to be my true and lawful ATTORNEY-IN-FACT for me	/us and in my/our name, place and stead, to
do and perform the following act and things, to wit:	
To assist my/our son/daughter.	
1.	
3.	
	the Department of Foreign Affairs
in Philippines;	
	mit and
To apply for DSWD Travel Per	
1	y other documents necessary for
his/her/their travel to Macau SAR.	
HEREBY GIVING AND GRANTING unto m	y/our said ATTORNEY-IN-FACT full power and
authority whatsoever requisite and necessary or p	roper to be done in and about the premises as
fully to all intents and purposes as I/We might o	r could do if personally present, and HEREBY
RATIFYING AND CONFIRMING all that my said ATT	ORNEY-IN-FACT shall lawfully do or cause to be
done under and by virtue of these presents.	20
IN WITNESS WHEREOF. I/We have hereu	nto affixed my/our signature thisday of
20 in Macau SAR.	
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Affiant	Affiant
SIGNED IN THE	rkedenge of:
WITNESS (PRINTED NAME AND SIGNATURE)	WITNESS (PRINTED NAME AND SIGNATURE)

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