

Embassy of Egypt
8 Eu Tong Sen Street, The Central
Level 25, Units 82-85, 059818

Dear Officer,

POWER OF ATTORNEY

I, (applicant's name), hereby authorize
..... (representative's name), holder of I.C. no.
..... of (e.g. travel operator's name)
to handle my legalisation application.

.....
Date

.....
Signature

Mobile No. / Tel. No. of representative:

Email of representative: info@globalsingapore.sg