

POWER OF ATTORNEY

(Pagtatalaga ng Kapangyarihan Pangkinatawan)

KNOW ALL MEN BY THESE PRESENTS, that I:

IPINABABATID SA LAHAT NA SA PAMAMAGITAN NITO, ako, si:

_____, Filipino citizen, of sound mind,
born on _____ in _____ on this date aged _____ years,
presently residing at _____

do hereby name, appoint and constitute:

ay aking hinihirang at itinatalaga si:

Name: _____	Citizenship _____
Date of Birth: _____	Place of Birth: _____
Residence: _____	

to be my true and lawful **ATTORNEY-IN-FACT**, for me and in my name, place and stead,
bilang aking tunay at ligal na tagapangasiwa't kinatawan, na para sa akin, sa ganang akin, at sa aking pangalan
to do and perform the following act(s) and deed(s):

ay gagawin at isasakatuparan ang mga sumusunod:

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[Use the reverse side as additional space when necessary / Gamitin ang likod ng papel kung kinakailangan]

HEREBY GIVING AND GRANTING unto said ATTORNEY-IN-FACT full power and authority requisite or
NGAYO'Y IBINIBIGAY AT PINAHIHINTULOT sa nabanggit na kinatawan, ang lahat ng kapangyarihan na kinakailangan
necessary, to perform or cause the necessary act(s) to be done, fully and completely as I might or could lawfully
upang gawin, ipagawa, o maisakatuparan ang lahat na siyang ipinagagawa, ng wasto at buong husay, na siyang maaari kong magawa
do if I were personally present; and

at gagawin ng sarili kung siyang naririyang; at

HEREBY RATIFYING AND CONFIRMING all that my ATTORNEY-IN-FACT shall lawfully do or cause to be done,
NGAYO'Y TINITIYAK at PINAGTITIBAY ang lahat ng gagawin o isasagawa ng aking kinatawan, sa bisa ng pagtatalaga
under these presents.

na napapaloob sa kasulatang ito.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____, in Tokyo, Japan.

Bilang patunay sa lahat ng ito, ako ay lumalagda dito, ngayong ika- _____, sa Tokyo, Japan.

Signed in the presence of: / Nilagdaan, saksi sina:	
Witness 1: _____	_____
Signature: _____	_____
Witness 2: _____	_____
Signature: _____	_____

Signature of Principal / Lagda ng Nagbibigay-Kapangyarihan
Identification Document No: _____
Expiration Date: _____
Issuing Authority: _____