

GENERAL POWER OF ATTORNEY

BY THIS POWER OF ATTORNEY made on _____, I, _____, born on _____, holder of ID / passport number _____, of _____ (the "Principal"),
APPOINT _____, holder of ID / passport number _____, of _____ (the "Attorney"), to be my lawful attorney and to act in my name and on my behalf as follows.

1. Powers

My Attorney may do any of the following for me:

- (a) Banking: operate my bank accounts, deposit and withdraw money, sign cheques and receive statements.
- (b) Property: manage, let, maintain and insure my property, collect rents, and pay the taxes and charges on it.
- (c) Sale and purchase: (delete if not intended) buy, sell, transfer or mortgage property in my name, sign the deeds and receive the price.
- (d) Payments and debts: pay my bills and debts, and demand and receive money owed to me and give receipts for it.
- (e) Official matters: deal with government departments, tax authorities, utilities and other offices, and sign and submit applications, forms and returns.
- (f) Legal proceedings: start, defend or settle legal proceedings in my name and appoint lawyers for that purpose.
- (g) Generally: sign any document and do any other act needed to carry out the powers above, as fully as I could do myself.

2. Limits

My Attorney may not: _____. My Attorney may not make gifts of my property or appoint a substitute unless this document says so.

3. Duties of the Attorney

My Attorney shall act honestly and in my interest, keep my money and property separate from his / her own, keep records of what is done under this Power, and give me an account when I ask.

4. Duration

This Power takes effect on _____ and continues until _____ / until I revoke it in writing. It ends on my death. (State here whether it is to continue if you lose mental capacity, where the law of your country allows that: _____.)

5. Ratification

I agree to ratify everything my Attorney lawfully does under this Power.

6. Governing Law

This Power of Attorney is governed by the laws of _____.

SIGNED by the Principal

Signature: _____

Name: _____

Witness 1 — Name: _____ Signature: _____

Witness 2 — Name: _____ Signature: _____

ACCEPTED by the Attorney

Signature: _____ Date: _____

Notary / attesting officer: _____ Seal and date: _____