SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

Tha	at I, (full name a	s reflected in the passport) _	
citizenship	o)	, of legal age, residing at (c	current address),
and with UAE mobile number			
appointee)		of	flegal age, and residing at (current residence
of appointe	ee)	to be my tr	rue and lawful ATTORNEY-IN-FACT, to do and
perform the	e following acts:		
1.			ease of the Diploma / Certificate / Form 137 / hool certificates and/or credentials of my
2.	respective Phil the Embassy o	lippine government agencies	thentication of the said documents with s (DepEd, DFA, CHED, TESDA and PRC) and at n the Philippines, whenever necessary and
	required.		
Thi	is Special Power	of Attorney shall start to be	effective on, and
shall remai	n effective until		_ (date)
nereunto se			virtue hereof. IN WITNESS WHEREOF, I have _ at the Embassy of the Philippines, Abu Dhabi,
	-	Signature of Principal over	printed full name
		Signed in the pres	sence of:
-		ACKNOWLE	DGEMENT
Emirates) E on passpor	BEFORE ME, duly	y commissioned and qualifie	Consular Section) ss. Abu Dhabi, United Arabed, personally appeared (full name as reflected, having exhibited to me his/her
Passport No	0	issued on (date of i	issue)at (place of
executed t	the foregoing in	strument and acknowledge	I to me known to be the same person who ed to me that the same is his/her free and al witnesses, on this (date)
at the Philip	ppine Embassy, <i>i</i>	Abu Dhabi, United Arab Emir	rates.
Service No. : Doc. No. : Book No. : Fee Paid :			