SPECIAL POWER OF ATTORNEY and AFFIDAVIT OF SUPPORT AND CONSENT

For applicants authorizing a representative to act on their behalf to process the passport and DSWD clearance of minor child.

- 1. Personal appearance of applicant/s.
- 2. Duly accomplished form.
- 3. Passport copy with specimen signature of applicant/s.
- 4. Visa copy of applicant/s.
- 5. Passport copy of minor/s (if available).
- 6. Copy of any Philippine Government issued ID of the representative.

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

	I/V	/e,		,	, of lega	
age,		Filipino/s	and	•	ly residing a , do hereby name, constitute and	
appoii	nt, _				al age, Filipino, with address in the	
Philipp	pine	s at			, to be my/our true and	
lawful	Atto	orney-in-Fact, for me/us	and in my/our r	name, place and	stead, to do and perform any or all of	
the fo	llowi	ng acts, to wit:				
	 To represent me/us at the Department of Foreign Affairs in Manila, or in any of the R Consular Offices for the purpose of the application/renewal/releasing of the pass my/our minor child(ren); 					
	2.	To represent me/us at the Department of Social Welfare and Development (DSWD) for the issuance of a Travel Clearance for my/our child's/children's travel;				
	3.	3. To execute and sign all documents which may be necessary or required for the above purpose(s).				
	Na	me(s) of my/our child(re	n):			
		Name		Age	Date and Place of Birth	
about	the HE	premises as fully to all in	ntents and purp CONFIRMING	oses as I/we mig 3 all that my/our	necessary or proper to be done in and ght or could do if personally present. said Attorney-in-Fact shall lawfully do	
					our signature/s on this	
at th	e Ph	nilippine Embassy, Abu [Dhabi, United A	rab Emirates.		
		Father's signature over p	rinted name		Mother's signature over printed name	
	Pas	ssport Number:		Passpo	rt Number :	
Date of		te of Issuance:		Date of	Issuance:	
	Pla	ce of Issuance:		Place o	f Issuance:	
			SIGNED IN	N THE PRESEN	CE OF:	
		Witness			Witness	