

POWER OF ATTORNEY

I, _____,
Name, Last name

born _____, Passport Nr. _____,
Date of birth

hereby authorize

Jose M. Yordan Ramirez, Dima Djoebara, Andrea Galvis, Maike Gloger
Name, Last name

born 26.09.1990, 15.04.1984,
27.12.1990, 27.11.1986, Passport Nr. 483149255, B2243712, 484351961, L3G03XVYR,

to do the following on behalf of myself or my underage child:



Submit and pick up my passport or the passport of my underage child at the following embassy:

The authorization of the above specified actions may not be delegated to third parties.

Place, Date

Signature