Power of Attorney

Ι,	, the undersigned, am unable	e to
personally	(A) \square submit my application form (B) \square	pick up my
police crim	inal record certificate at Penghu County Governn	nent Police
Bureau.		
I hereby	y authorize (Mr. Ms.)	to act
on my beha	alf in the process of application.	
	Applicant's Signature:	
	The Authorized Person's	
	Signature:	
	ID/ Passport No.:	
	Address:	
	Phone No.:	
	Date://	
	(Month) (Day) (Year)	