

POWER OF ATTORNEY

(for mail application receipt)

- THE DELEGATED

NAME :

RELATIONSHIP WITH DELEGATOR :

RESIDENT REGISTRATION NO. :

(ALIEN REGISTRATION NO.)

CONTACT NO. :

NAME OF THE RECEIVING INSTITUTION(POLICE STATION) :

- CONTENTS OF DELEGATION

I AGREE TO DISCLOSE MY PERSONAL INFORMATION AND AUTHORIZE THE ABOVE-MENTIONED DELEGATE, IN ACCORDANCE WITH THE REGULATION OF FINGERPRINTS AND INVESTIGATION MATERIALS, BY SIGNING AND PLACING THUMBPRINT HEREUNDER FOR THE VERIFICATION OF MY PERSONAL IDENTITY.

DATE OF SIGNATURE

SIGNATURE

- DELEGATOR

NAME :

RESIDENT REGISTRATION NO. :

(ALIEN REGISTRATION NO.)

CONTACT NO. :

(fingerprint of right thumb)

