Republic of the Philippines )

Embassy of the Philippines )

Consular Section )

Brussels, Belgium ) s.s.

**SPECIAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

**WE**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ citizens, respectively; of legal age; and presently residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby appoint, name and constitute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Filipino citizen, of legal age, and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be our true and lawful attorney to act in, manage and conduct all our affairs and for that purpose in our names and on our behalf to do and execute any or all of the following acts, deeds, and things, to wit:

**HEREBY GIVING AND GRANTING** unto our said attorney full power and authority whatsoever requisite or proper to be done in or about the premises, as fully to all intents and purposes as we might or could lawfully do if personally present, and hereby certifying and confirming all that our said attorney shall do or cause to be done under and by virtue of these presents.

This special power of attorney shall be in effect until the completion of the object or purpose above-stated.

**IN WITNESS WHEREOF**, we have hereunto affixed our signatures this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of Brussels, Belgium.

|  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiant |

**SIGNED IN THE PRESENCE OF:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WitnessSignature Over Printed Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WitnessSignature Over Printed Name |