

POWER OF ATTORNEY

I the undersigned,

Mr./Mrs./Ms. _____

Born on (date of birth) _____ In (place of birth) _____
(DD/MM/YYYY)

Bearer of Cameroonian passport

N° _____ Issued on _____ In _____
(DD/MM/YYYY)

Residing at (complete address) _____

Phone number : _____ Email address: _____

Grant this power of attorney to

Mr./Mrs./Ms. _____

Born on (date of birth) _____ In (place of birth) _____
(DD/MM/YYYY)

Bearer of (check the corresponding box) :

Cameroonian passport Cameroonian national ID Other : _____

N° _____ Issued on _____ In _____
(DD/MM/YYYY)

Residing at (complete address) _____

Phone number : _____ Email address: _____

To enable him/her to:

In witness whereof, the present power of attorney is issued to serve the purpose for which it is intended./-

Done at _____

Signature of Grantor