

POWER OF ATTORNEY

Written at .....

Date ..... Month ..... Year .....

(Mr./Mrs./Miss) Name and Family Name .....

Age ..... Race ..... Nationality .....

Thai ID card Number/Passport number .....

Issued at ..... Date of Issued ..... Date of Expiry .....

Reachable Contact Number .....

Here by authorize (Mr./Mrs./Miss) Name and Family Name .....

Age ..... Race ..... Nationality .....

Thai ID card Number/Passport number .....

Issued at ..... Date of Issued ..... Date of Expiry .....

Reachable Contact Number .....

As our Attorney to request for COVID-19 Certificate of Vaccination for my international travel purpose.

We hereby assume all responsibilities for the actions performed by our Attorney which is done as per the authority hereby granted as if we have personally undertaken all these actions. For evidence, we therefore provide signature in front of witnesses.

Signed ..... Grantor
( ..... )
Signed ..... Attorney
( ..... )

Signed ..... Witness
( ..... )
Signed ..... Witness
( ..... )