

Power of Attorney

To Embassy of Japan in Sudan

Applicant	Date: _____ (year) _____ (month) _____ (day)
	Address: _____
	Full name: _____
	TEL NO: _____

Substitue	Address: <input type="checkbox"/> Same with the applicant
	Full name: _____
	TEL NO: _____

I, _____ (Applicant) hereby appoint
_____ (Substitute) for application of grant
certificate at Counsular Section of the Japanese Embassy in Sudan.

Applicant Signature _____

※ The substitute must present his/her passport at the window.