

Power of Attorney MM/DD/YYYY

Grantor Address:

Full Name: _____

Tel:

I hereby appoint the following person as my agent to act for me in any lawful way with respect to the following purpose(s):

Powers Given:

* Fill in this area with what powers you are giving to your agent as detailed and clearly as possible.

Agent Address:

Full Name

Tel:

Point 1 This document must be signed by you (the grantor)

Point 2 We may call you (the grantor) if we have any questions or concerns regarding to the powers given. Be sure to include your telephone number.

Power of Attorney (Sample) MM/DD/YYYY

Grantor Address: 203 Higashi Building, 7-74, Tsutsui 1-chome, Higashi-ku, Nagoya

Full Name: NAGOYA Taro

Tel:

052-935- 0000

I hereby appoint the following person as my agent to act for me in any lawful way with respect to the following purpose(s):

Powers Given:

Vaccination Certificate of COVID-19

* Fill in this area with what powers you are giving to your agent as detailed and clearly as possible.

Agent Address: 3-1, Obata 1-chome, Moriyama-ku, Nagoya

Full Name: MORIYAMA Hanako

Tel: 052-793- 0000

Point 1 This document must be signed by you (the grantor)

Point 2 We may call you (the grantor) if we have any questions or concerns regarding to the powers given. Be sure to include your telephone number.