



REPUBLIC OF RWANDA
RWANDA HIGH COMMISSION KAMPALA

EB-C-PA

REQUEST OF AUTHENTICATION OF SIGNATURE FOR POWER OF ATTORNEY

SECTION A - YOUR DETAILS:

GENDER: M F
SURNAME: _____
OTHER NAMES: _____
STREET AND HOUSE NR: _____
POSTAL CODE: _____
COUNTRY: _____
TELEPHONE: _____ E-MAIL: _____
DATE OF BIRTH (D/M/Y) ___/___/___ PLACE OF BIRTH (If in Rwanda specify city/Sector/District) _____
NATIONAL ID / PASSPORT: _____ DATE OF ISSUE (D/M/Y) ___/___/___
LEVEL OF EDUCATION AND DOMAIN: _____
OCCUPATION: _____ POSITION: _____
WORKING PLACE: _____
FATHER'S FULLNAME: _____
MOTHER'S FULLNAME: _____

SECTION B - the person you are authorizing to act on your behalf:

GENDER M F
SURNAME: _____
OTHER NAMES: _____
ADDRESS: _____
IF THE PERSON LIVES IN UGANDA SPECIFY (CITY/SECTOR/DISTRICT) OTHERWISE (FULL ADDRESS CITY AND COUNTRY)

TELEPHONE: _____ E-MAIL: _____
DATE OF BIRTH (D/M/Y) ___/___/___
PLACE OF BIRTH _____
IF THE PERSON WAS BORN IN RWANDA SPECIFY CITY/SECTOR/DISTRICT) OTHERWISE (FULL ADDRESS, CITY AND COUNTRY)

POWER OF ATTORNEY

I, the undersigned _____ residing in

_____ and holder of the Passport _____ hereby make, constitute and appoint

Mr/ Mrs _____

residing in _____

and holder of the national ID / Passport _____ Issued in

_____ on ___ / ___ / _____ as my attorney - in - fact who shall have full power and authority to undertake and perform only the following acts on my behalf : (Please strike out the numbring if not suitable.

(i). _____

(ii). _____

(iii). _____

This power of Attorney shall be effective on the date of _____ / _____ / _____

This power of Attorney shall be terminated on the date of _____ / _____ / _____

Or by any manner revoke this power of Attorney

Remarks: _____

DATE: _____ / _____ / _____

SIGNATURE: _____

ACKNOWLEDGEMENT

ON _____ / _____ / _____ before the, _____

approved _____

and based on his/ her Passport / National Identity Card presented he / she is the person signatory to this power of Attorney.

He / She confirmed the power of Attorney is issued on his / her own voluntary.

OCCUPATION: _____ POSITION _____

WORKING PLACE _____

FATHER'S FULLNAME: _____

MOTHER'S FULLNAME: _____

NATIONAL ID / PASSPORT _____ DATE OF ISSUE (D/M/Y) ____ / ____ / ____

SECTION C - Identity / Supporting / Required Documents

YOU ARE REQUIRED TO PROVIDE IDENTITY, SUPPORTING AND OTHER REQUIRED DOCUMENTS

OTHERWISE YOUR APPLICATION WILL NOT BE PROCESSED.

A COPY OF YOUR PASSPORT / NATIONAL ID

A COPY OF YOUR RESIDENT PERMIT

A COPY OF PASSPORT / NATIONAL ID OF THE PERSON YOU ARE AUTHORIZING TO ACT ON YOUR BEHALF

N.B:

DEPENDING ON THE NATURE OF THE PURPOSE OF THE POWER OF ATTORNEY THIS DOCUMENT MAY ALSO
BE REQUIRED

A PROOF OF PROPERTY OWNERSHIP

SECTION D - DECLARATION:

I AGREE TO INFORM THE COMPETENT SERVICES AT THE HIGH COMMISSION IF ANY INFORMATION ON
THIS FORM CHANGES BEFORE THE PROCESSING OF MY APPLICATION IS COMPLETE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEVE THE DETAILS GIVEN ON THIS FORM ARE
TRUE AND CORRECT.

DATE (D/M/Y) ____ / ____ / ____

SIGNATURE _____