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| **Power of Attorney** |
| Appellation | Name (or designation) | Gender | Date of Birth | ID No. | Residence/domicile, office or business place | Tel. No. |
| Principal |  |  |  |  |  |  |
| Appointee |  |  |  |  |  |  |
| Herewith reference to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between \_\_\_\_\_\_\_\_\_\_\_\_\_ and us, we hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as our agent to engage in the mediation on behalf of us with full power and entitled to approve the mediation terms and conditions, withdraw, waive and recover the claimed subject matter or delegate an agent.To:**Taichung City Government**Principal: (signature/seal)Appointee: (signature/seal)Date: (MM/DD/YY) |