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 agen							
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.							
То:							
Taichung City Government							
				Princ	ipal: (signatur	e/seal)	
				Appo	ointee: (signatur	e/seal)	
	Date: (MM/DD/YY)						