

POWER OF ATTORNEY FORM

DATE: dd / mm / aaaa .

INDIVIDUAL

FIRM

GENERAL POWER

SPECIAL POWER

FILE CLAIMS AND COLLECTION

PROPERTY MANAGEMENT

OVERALL POWER

DATA ON THE GRANTOR

GIVEN NAME, SURNAME:
PLACE AND DATE OF BIRTH:
ADDRESS : TELEPHONE:
E-MAIL : NATIONALITY:
OCCUPATION: MARITAL STATUS:

IF YOU ARE MARRIED, PLEASE SPECIFY REGIME

MARITAL PROPERTY

SEPARATE OWNERSHIP OF PROPERTY

IDENTIFICATION NUMBER AND DATE OF ISSUANCE
PLACE OF ISSUANCE:

DATA ON CO-GRANTOR (IF REQUIRED)

GIVEN NAME, SURNAME:
PLACE AND DATE OF BIRTH:
ADDRESS : TELEPHONE:
E-MAIL: NATIONALITY:
OCCUPATION: MARITAL STATUS:
IDENTIFICATION: NUMBER AND DATE OF ISSUANCE:
PLACE OF ISSUANCE:

DATA ON THE PROXYHOLDER

NAME AND ADDRESS OF THE PROXYHOLDER:

MANDATE (INFORMATION REGARDING THE OBJECTIVE OF THE POWER OF ATTORNEY)

[Blank lines for mandate information]

DATA ON THE INTERPRETER In the case of non Spanish speakers, it is necessary to be assisted by an interpreter. An official one is recommended. This person needs to present his/her photo identification.

GIVEN NAME, SURNAME:
PLACE AND DATE OF BIRTH:
ADDRESS:
NATIONALITY: OCCUPATION:
MARITAL STATUS:

USO OFICIAL

No. Escritura:
No. Acto Notarial:
No. Folios:
Pág.:
Fecha de expedición:

APPLICANT'S SIGNATURE

[Line for applicant's signature]