GENERAL POWER OF ATTORNEY

Name	(given name:
	place of birth, time:
· ·	
address:	
I authorize	
Name	(given name:
	place of birth, time:
address	
my enforcement cases handled by an independ	with full authority in dent court bailiff, to act on my behalf and in my name service by the independent court bailiff to my agents for ications arising in my cases.
Present power of attorney (appropriate und • until cancellation • until	
Dated:	
	Principal
I accept the power of attorney:	Timelpai
1	
	Conoral provi
Dated:	General proxy
Before us, as witnesses:	
Name:	Name:
Address:	Address:
Identity card number:	Identity card number:
Signature:	Signature: