



Bank of Marshall Islands

P.O. Box J Majuro, MH 96960 Tel: (692) 625-3636 Fax: (692) 625-3661 Email: Bankmar@ntamar.net

SPECIAL POWER OF ATTORNEY

Know All Persons by these Presents

That I, _____ whist sound mind and of legal age, of

_____ Address
_____ Cite & State
_____ Zip Code

DO HEREBY APPOINT: _____ of _____ to act under this Special Power of
(Name of the person (Attorney) (Place of resident)

My attorney for the purpose hereinafter express that is to say:-

1. To, enter into, make sign seal execute any legal documents deliver acknowledge and perform contract agreement deed instrument or thing to do all such acts, matters and things as maybe necessary or expedient for me in my name otherwise on my behalf in applying for a loan with Bank Of Marshall Islands.
 - a. By doing, so I authorized my attorney to use my _____ for the purpose of this loan. (source of payment)
 - b. My attorney shall apply this loan, a total not more than \$ _____ (Amount)
2. My said attorney shall ensure that the money from this loan are (please mark on the purposed disbarment scheme)
 - Collected and sent to me, personally by my said attorney _____ (Yes/No)
 - Send directly to my address above by the Bank after disbursement____(Yes/No)
3. I hereby declare that this Power of Attorney shall be in force until the duty it direct are meet and the loan mentioned is satisfied.
4. And all and whatsoever our said attorney shall do or cause to be done by virtue of the specified power vested in her hereof we hereby covenant with my said attorney to ally ratify and confirm.
5. That I fully understand and concur to all the above to the best of my knowledge.

I, _____
Print Name Signature Date

IN WITNESS whereof I have hereunto subscribed my name and affix my seal this _____ day of _____(month), _____ (year) .

AFFIANT

Subscribed and Sworn to before me this _____ day of _____(month), _____ (year)

NOTARY PUBLIC