Bank of Marshall Islands
P.O. Box J Majuro, MH 96960 Tel: (692) 625-3636 Fax: (692) 625-3661 Email: Bankmar@bomi.biz

SPECIAL POWER OF ATTORNEY

Know All Persons by these Presents

That I, _____, whist sound mind and of legal age, of
_____Address
_____ City and State
_____ Zip Code

DO HEREBY APPOINT**:** _____ of _____, Marshall Islands to act under
(Name of the person) (Place of resident)
this Special Power of Attorney.
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 _____ payments for the purpose of this loan.
   b. My attorney shall apply this loan, a total not more than $_____.

2. My said attorney shall ensure that the money from this loan are (please mark on the purposed disbursement scheme)

   Collected and sent to me, personally by my said attorney_____.

   Send directly to my address above by the Bank_____.

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. I further affirm and ratify that my attorney in fact is authorized all have the power vested unto him pursuant to instrument.

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 _____, 20_____.

_____
AFFIANT

Subscribed and Sworn to before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC