



ወክልና መጠየቂያ ቅጽ
POWER OF ATTORNEY REQUEST FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM, FOR INSTRUCTION SEE THE REVERSE SIDE OF THIS FORM

1. የወክልና መረጃ /PRINCIPAL INFORMATION/				
1.1. TITLE/PREFIX	1.2. FIRST NAME	1.3. MIDDLE NAME	1.4. LAST NAME	
1.5. NATIONALITY		1.6. ETHIOPIAN PASSPORT /ETHIOPIAN ORIGIN ID NUMBER		
1.7. MAILING ADDRESS			1.8. COUNTRY	1.9. STATE/REGION
			1.10. CITY	1.11. ZIP CODE
1.12. DAY TIME TEL	1.13. EVENING TEL	1.14. FAX	1.15. EMAIL	

2. AGENCY INFORMATION (IF APPLICATION IS PRESENT THROUGH AGENCY)				
2.1. AGENCY NAME				
2.2. MAILING ADDRESS			2.3. COUNTRY	2.4. STATE/REGION
			2.5. CITY	2.6. ZIP CODE
2.7. DAY TIME TEL	2.8. EVENING TEL	2.9. FAX	2.10. EMAIL	

FAMILY INFORMATION

3.1. FATHER'S FULL NAME				4.1.. MOTHER'S FULL NAME		DON NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY SERVICE DATE DOCUMENT NUMBER GRATIS <input type="checkbox"/> YES <input type="checkbox"/> NO FEE PAID RECEIPT NO
3.2. COUNTRY OF BIRTH	3.3. PLACE OF BIRTH	4.2. COUNTRY OF BIRTH	4.3. PLACE OF BIRTH			
3.4. NATIONALITY		4.4. NATIONALITY				
3.5. CURRENT ADDRESS		4.5. CURRENT ADDRESS				

ተጨማሪ ወክል /ካለ/ FOR ADDITIONAL PRINCIPALS IF ANY

NO	NAME (FIRST NAME, MIDDLE NAME, LAST NAME)	NATIONALITY	ETHIOPIA PASSPORT /ETHIOPIAN ORIGIN ID NUMBER	ADDRESS
2.				
3.				
4.				
5.				
6.				
7.				

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S NAME: _____ SIGNATURE: _____ DATE: _____

NAME OF PERSON WHO PREPARED THIS FORM : _____ SIGNATURE : _____ DATE: _____

NB: በወክልና ሰነድ ላይ ከአንድ በላይ ወክል ካለ በቅጹ ላይ የመጀመሪያው ወክል ተጽፎ ሌሎቹ ወክሎች **ተጨማሪ ወክል /ካለ/** በሚለው ስንጠረዥ ላይ መረጃው ይሙሉ::

If there is more than one principal, please fill the space under the title **"FOR ADDITIONAL PRINCIPALS IF ANY"**