



زمانه:

پریکارنامه‌ی گشتی ردها

بهروار:

: (Applicant's Signature) میر بیکار ده

نام و نویسنده (Applicant's full name as it appears on Iraqi ID)

_____ / _____ / _____ : (Date of ID Issue) **ریکهوتی دهرچوون** _____ : (Iraqi ID Number) **رژماره ناسنامه**
_____ : (Place of Issue) **جگه ده لە**

نامه نیشان (Applicant's Current Address in US/Canada)

٢٠١٣٦٤٥٩٦٧٦٣ (Telephone Number) :

• (Email Address) :

-Do not write below this line.....

نامدهبوو له پیشم بېرىكاردەر: دواي دىشىابۇون له / ناسىنامەكەي دەقىقى، بېرىكارنامەكەم بىق خوتىدەوە و دانىم، يە ناوه رۆكەكەي نا لە بىردىم و واژۇوي كرد و يەسەندىم كرد لە

تذکرہ عہدین

نو ټنھه ی حکومتی، هم نہم، کو، دستان لہ و بلایتہ به کگ تو و دکانی، نہم بکا



زمانه:

بریکارنامه‌ی گشتی رهها

بهروار:

: (Applicant's Signature) وازووی پریکار ده

نام و نویسنده (Applicant's full name as it appears on Iraqi ID)

_____ / _____ / _____ : (Date of ID Issue) **ریکهوتی دهرچوون** _____ : (Iraqi ID Number) **رژماره ناسنامه**
_____ : (Place of Issue) **جگه ده لە**

نامه نشان (Applicant's Current Address in US/Canada)

Telephone Number: ٦٦٥٣٤٢٧٩٨٦

(Email Address): lianj@

-Do not write below this line.....

نامدهبوو له پیشم بېرىكاردەر: دواي دىشىابۇون له / ناسىنامەكەي دەقىقى، بېرىكارنامەكەم يېخۇنىدەوە و دانىم، يە ناوه رۆكەكەي نا لە يەردەمم و واژۇوئى كرد و يەسەندىم كرد لە

تاریخ عہدین

نو تنهري حکومتی هم نہم کو دستان لے و بلا یا تھے یہ کگر تو و دکانی، نہم بکا



General Power of Attorney

I (_____) appoint (_____) in-fact to act as my

attorney(s)-in-fact to act for me in any way I/myself could act with respect to following matters:

- 1- Sell, exchange, buy, invest, or reinvest any assets or property owned by me in Kurdistan Region of Iraq. Such assets or property may include income producing or non-income producing assets and property.
- 2- Enter into binding contracts on my behalf
- 3- Maintain and/or operate any business that I may own.
- 4- Prepare, sign, and file documents with any governmental body or agency.
- 5- Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits.
- 6- Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.
- 7- This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Full Name (As it appears on US/Canadian ID): _____

State Identification Number (US/Canadian): _____,

Telephone Number (US/Canada): +1 (_____) _____ - _____

Email (if applicable): _____

Current Home Address (US/Canada):

Signature: _____,

Date: _____ / _____ / _____,

-----Do not write below this line, for Notary Public only-----
On this, the _____ day of _____, 20_____, before me, a notary public, the undersigned
officer, personally appeared _____ known to me (or satisfactorily proven) to
be the person whose name is subscribed to the within Instrument, and acknowledged that IN WITNESS
HEREOF, I hereof set my hand and official seal.

**Notary Public
Sign/Seal Here**

Notice: This form must be sealed by Notary Public in the United States or Canada.