## SPECIAL POWER OF ATTORNEY (for Passport)

| I the      | undersig     | ned    | S/o               |            |             |            | resident   |           |  |
|------------|--------------|--------|-------------------|------------|-------------|------------|------------|-----------|--|
| of         |              |        | Pakistan(CNI      | C:         |             | ) Prese    | ntly res   | siding at |  |
| Saudi      | Arabia,      | do     | hereby appo       | int and    | authorize   | Mr         |            |           |  |
|            |              |        | R/O               |            |             |            |            |           |  |
|            |              |        | ) as my Special   | power c    | of attorney | in accorda | ance wi    | th law to |  |
|            |              |        | Collect, Renew    |            |             |            |            |           |  |
|            | ughter,      | C      |                   |            |             | 1          |            | •         |  |
| (1)        |              |        | CNIC:             |            | from        | Passport   | Office     | District  |  |
|            |              |        | , Pakis           | tan.       |             |            |            |           |  |
| (2)        |              |        | CNIC:             |            | from        | Passport   | Office     | District  |  |
|            |              |        | , Pakis           | tan.       |             | _          |            |           |  |
| I FURT     | THER DEC     | CLAR   | E THAT            | S          | /o          | is         | fully re   | sponsible |  |
|            |              |        | Extend / Subn     |            |             |            |            |           |  |
|            |              |        | ce on my behalf   |            |             |            |            |           |  |
|            |              |        |                   |            |             |            |            |           |  |
|            |              | -      | shall be constru  |            |             |            |            |           |  |
| •          |              |        | ify and confirm a |            |             |            | iey siiaii | lawiuny   |  |
| do or ca   | ause to be   | uone   | for me by virtue  | or the pow | er nereby g | iven.      |            |           |  |
| I have s   | igned this d | eed on | this day          | _          |             |            |            |           |  |
| EXECU      | ΓΑΝΤ         |        |                   |            |             |            |            |           |  |
| Name:      |              |        |                   |            |             |            |            |           |  |
| CNIC#:_    |              |        |                   |            |             |            |            |           |  |
|            | o:           |        |                   |            |             |            |            |           |  |
| Cell no:   | +            | _      |                   |            |             |            |            |           |  |
|            |              |        |                   |            |             |            |            |           |  |
|            |              |        |                   |            |             |            |            |           |  |
| Witness 1: | :            |        |                   |            | Witness 2:  |            |            |           |  |