



ውክልና መጠየቂያ ቅጽ
POWER OF ATTORNEY REQUEST FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW FAILURE TO PRINT CLEARLY MAY DELAY YOUR APPLICATION.

- ከባለሙያ ስለሚገባው ውክልና ሰነድ ስንዳንድ ቅጽ ይሙሉ
PLEASE FILL OUT THIS FORM FOR EACH DOCUMENT.
- በውክልና ሰነድ ላይ ከሌሎች በላይ ወይም ከሌሎች በተጨማሪ ወይም ተጨማሪ ወይም /ካስ/ በሚለው ስንጠራዥ ላይ መረጃውን ይሙሉ::
IF THERE IS MORE THAN ONE PRINCIPAL, PLEASE FILL THE SPACE UNDER THE TITLE **"FOR ADDITIONAL PRINCIPALS IF ANY"**

① ውክልና የሰጠው ግለሰብ/ድርጅት መረጃ /PRINCIPAL INFORMATION/

የወካይ ሙሉ ስም /FOR AN INDIVIDUAL /

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 (IF APPLICABLE)	

ውክልና የሰጠው በድርጅት ስም ከሆነ /FOR A COMPANY /

1.7. COMPANY NAME	1.8. CONTACT PERSON (IF APPLICABLE)

② ውክልና የሰጠው ግለሰብ/ድርጅት አድራሻ /ADDRESS /

2.1. ADDRESS (STREET NUMBER, NAME AND APT#)	2.2. COUNTRY	2.3. STATE
	2.4. CITY	2.5. ZIP CODE
	2.6. DAYTIME PHONE	2.7. EVENING PHONE

DON NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY

SERVICE DATE _____

REF. NUMBER _____

FEE PAID _____

RECEIPT NO _____

③ የኢጅንሰ መረጃ (ውክልናው በኢጅንሰ በኩል ከሚገኝ) /AGENCY INFORMATION (IF APPLICATION IS PRESENTED THROUGH AN AGENCY)

3.1. AGENCY NAME	3.2. CONTACT PERSON	3.3. TELEPHONE

④ ተጨማሪ ወካይ /ካስ/ FOR ADDITIONAL PRINCIPALS (IF ANY)

NO	NAME	NATIONALITY	ETHIOPIAN PASSPORT /ETHIOPIAN ORIGIN ID NUMBER (IF APPLICABLE)
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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

PREPARED : NAME _____ SIGNATURE: _____ DATE: _____