

Paste Applicant's Photograph here

Bangladesh Assistant High Commission, Manchester Seamark House, Edge Lane, Droylsden, Manchester, M43 6BB

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Tel: 01613710577; Fax: 01613706441

Application for Power of Attorney

(Please fill up in Block / Capital letters)

1. Applicant's Details:

Name:											
Date of Birth:			Place	lace & Country of Birth							
Profession:	ssion:		Marital status:		tatus:	□ Singl □ Marri			Gender:		Male Female
Passport No:			Date of Issue:			Date		Date	of Expiry:		
Place of issue:				cour	ntry of is	ssue:					
Father's Name:			<u> </u>			Mother's Name:		ne:			
Nationality:						Nationality:					
2. Address in B	angla	desh:							1		
Village:				Road No:							
/ House No:			/Post 0			Office:					
Police Station:					District:						
3. Present UK A	Addres	ss:									
							Post Code:				
							Mobile No:				
						Email:					
4. Declaration of I solemnly declar											
Name:					Signature/ Thumb expression of the applicant						