



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.

- ከላይኛው ሰነድ ለአንድ ወይንም ለባለቤቱ ብቻ ለሰነድ ይሙሉ
 - በውክልና ሰነድ ላይ ከሌሎች በላይ ወይንም ካለ በቀዱ ላይ የመጀመሪያው ወይንም ተደጋጅ ስራዎች **ተጨማሪ ወይንም /ካለ/** በሚለው ስምጠረዥ 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 ድርጅት ስም ከሆነ /FOR A COMPANY /

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

2 ውክልና የሰጠው ግለሰብ/ድርጅት ስም መረጃ /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	
2.8. E-MAIL		

DON NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY

SERVICE DATE _____

REF. NUMBER _____

FEE PAID _____

RECEIPT NO _____

3 የሌሊንግ መረጃ (ውክልናው በሌሊንግ በኩል ከመጣ) /AGENCY INFORMATION (IF APPLICATION IS PRESENTED THROUGH AN AGENCY)

3.1. AGENCY NAME	3.2. CONTACT PERSON	3.3. TELEPHONE

4 ተጨማሪ ወይንም /ካለ/ 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: _____