

POWER OF ATTORNEY REQUEST FORM

Please complete with <u>CAPITAL LETTERS</u> all the information requested:

| Please send this form to The Consul | late Gen | neral of Spain: | | |
|--|----------|------------------|--|--|
| - By email: cog.washington@maec.es | | | | |
| -By mail: At. 2375 Pennsylvania Ave. N.W. | Washing | ton, D.C. 20037. | | |
| | | | | |
| GRANTOR : | | | | |
| Last Name: | | | | |
| Name: | | | | |
| Birth Date: | | | | |
| Marital Status: | | | | |
| Nationality: | | | | |
| Passport Number: | | | | |
| Street Address: | | | | |
| City: | State: | Zip Code: | | |
| Home Telephone #: | | Work Telephone: | | |
| r | | 1 | | |
| ADDITIONAL GRANTOR (if ne | eded): | | | |
| Last Name: | | | | |
| Name: | | | | |
| Birth Date: | | | | |
| Marital Status: | | | | |
| Nationality: | | | | |
| Passport Number: | | | | |
| Street Address: | | | | |
| | State: | 7in Codo: | | |
| City: | State. | Zip Code: | | |
| Home Telephone #: | | Work Telephone: | | |
| DEDDECENTA DIXE. | | | | |
| REPRESENTATIVE: | | | | |
| Last Name: | | | | |
| Name: | | | | |
| Birth Date: | | | | |
| Marital Status: | | | | |
| Nationality: | | | | |
| DNI Number (Spanish citizens) passport (Foreign citizens): | | | | |
| Street Address: | | | | |
| City: | State: | Zip Code: | | |

Please send photocopies of the documents used for identification of the grantor and of the representative.

Work Telephone:

Home Telephone #:



TYPE OF POWER OF ATTORNEY NEEDED

| () General Power of Attorney (It is the most general, for any legal representation). |
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| () Power to Sell (If is a property, insert address and description of property and information about the "Registry of the Property" in Spain). |
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| () Power to buy (If is a property, insert address and possible description of property and information about the "Registry of the Property" in Spain) |
| () Inheritance and Administration of Goods. (Inheritance of (name), date and place of death). |
| |
| () Inheritance (Inheritance of (name), date and place of death). |
| () Litigation General Power of Attorney. (Insert name and last name of the lawyers and/or solicitors in Spain and their Jurisdiction in Spain). |
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| () Pension Collection (Insert information about the pension) |
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| () Special Power of Attorney (As per legal draft to be presented, this draft must be prepared for a Notary in Spain). |
| () To revoke a Power of Attorney (Copy of the power of attorney to be revoke must be presented) |
| () Ratification (Copy of the power of attorney to be ratified must be presented). |
| () Others |
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