



Consulate General of Pkistan
Los Angeles
Application for Power of Attorney(POA)

Executant

Name of Executant: _____

Father's Name: _____

CNIC/NICOP: _____

ADDRESS: _____

CONTACT: _____

COPY OF EXECUTANT'S CNIC/NICOP REQUIRED

2 PASSPORT SIZE PHOTOS

Attorney/Appointee

Name of Attorney: _____

Father's Name: _____

CNIC/NICOP: _____

ADDRESS: _____

CONTACT: _____

COPY OF ATTORNEY'S CNIC/NICOP REQUIRED

PLEASE CIRCLE: WHERE IN PAKISTAN WILL THE POA BE SUBMITTED?

ISLAMABAD KARACHI LAHORE PESHAWAR QUETTA

EXECUTANT'S SIGNATURE _____

FOR OFFICIAL USE

DIARY NO. _____

DATE: _____