### Special Power of Attorney for National Bureau of Investigation (NBI) Clearance

For applicants authorizing a representative to act on their behalf to process any transaction/s related to his/her NBI Clearance in the Philippines.

#### Requirements:

- 1. Personal appearance of applicant
- 2. Two (2) duly accomplished Special Power of Attorney forms for NBI Clearance
- 3. Two (2) passport copies of applicant
- 4. Two (2) copies of any valid Philippine Government issued ID of representative

| Payment                                 | Release              |  |  |  |
|---|----------------------|--|--|--|
| 100 AED per document - Regular Process  | After 5 working days |  |  |  |
| 140 AED per document - Expedite Process | After 3 working days |  |  |  |

#### **Consular Hours**

Processing Time: 8:00 AM to 2:00 PM Releasing Time: 3:00 PM to 5:00 PM

Sundays to Thursdays

Closed on Public Holidays of UAE and Philippines

# **SPECIAL POWER OF ATTORNEY**

## KNOW ALL MEN BY THESE PRESENTS:

|                     | That  | I,        | (full                               | name                        | as                   | reflected                        | in                  | the                    | passport)                  |  |  |
|---------------------|---|-----------|-------------------------------------|-----------------------------|----------------------|----------------------------------|---------------------|------------------------|----------------------------|--|--|
|                     |   |           |                                     |                             |                      | _, (citizenship) _               |                     |                        | , of legal age,            |  |  |
| residing            | at (curi  | rent add  | ress)                               |                             |                      |                                  | ,                   | and with               | UAE mobile                 |  |  |
|                     |   |           |                                     |                             |                      | TUTE AND APP                     |                     |                        |                            |  |  |
|                     |   |           |                                     | , (citize                   | nship o              | f appointee)                     |                     | ,                      | of legal age,              |  |  |
| and res             | siding at (   | current   | residence d                         | of appointee)               |                      |                                  | to                  | be my t                | rue and lawful             |  |  |
| ATTOR               | NEY-IN-F  | FACT, to  | do and per                          | rform the follo             | owing ac             | ets:                             |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| 1.                  | <ol> <li>Submit my accomplished Fingerprint Card to the NBI for processing and receive from<br/>said office my NBI Clearance;</li> </ol>  |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| 2.                  | Submit my NBI Clearance to the DFA for authentication and receive the authenticated document from the same office; and  |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| 3.                  | Submit my DFA authenticated NBI Clearance to the Embassy of the United Arab Emirates in the Philippines for attestation and claim the attested documents from the said Embassy. |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
|                     | HEREBY  | GIVING    | AND GRA                             | ANTING unto                 | o my sai             | d attorney in fac                | t full pov          | vers and               | authority to do            |  |  |
| and per             | rform all a   | and ever  | y act requis                        | site or neces               | sary to              | carry into effect                | the foreg           | joing pow              | ers, as fully to           |  |  |
| all inter           | nts and pu  | urposes a | as I might o                        | or could lawfu              | ılly do if           | personally prese                 | nt, with f          | ull power              | of substitution            |  |  |
| and rev             | ocation, a  | and herel | by ratifying                        | and confirmi                | ng all tha           | at my said attorn                | ey or his           | substitute             | e shall lawfully           |  |  |
| do or ca            | ause to be  | e done by | y virtue her                        | eof.                        |                      |                                  |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      | et my hand this                  | s                   |                        | at the                     |  |  |
| Embass              | sy of the F   | hilippine | es, Abu Dha                         | abi, United A               | rab Emii             | ates.                            |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
|                     |   |           |                                     | Signatu                     | ire of Pi            | rincipal                         | _                   |                        |                            |  |  |
|                     |   |           |                                     | over pri                    | nted ful             | I name                           |                     |                        |                            |  |  |
|                     |   |           |                                     | Signed in                   | the pres             | sence of:                        |                     |                        |                            |  |  |
|                     |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
|                     | -   |           | Witnes                              | SS                          |                      | Witne                            | ss                  |                        |                            |  |  |
|                     |   |           |                                     | ACKNO                       | <u>WLEDG</u>         | <u>EMENT</u>                     |                     |                        |                            |  |  |
| Embas               | sv of the   | Republi   | c of the Pl                         | nilippines )                |                      |                                  |                     |                        |                            |  |  |
| Consul              | ar Sectio   | n) ss.    | Emirates                            |                             |                      |                                  |                     |                        |                            |  |  |
|                     | BEFORE  | E ME, du  | uly commis                          | sioned and o                | qualified            | personally app                   | eared (fu           | ıll name a             | as reflected on            |  |  |
| passpo              | rt)   |           | inguisd on                          | (data of in                 |                      | , having exhib                   | ited to n           | ne his/her             | Passport No.               |  |  |
| foregoir<br>togethe | ng instrun  | nent and  | , knowr<br>acknowled<br>ental witne | n to me and<br>dged to me t | to me k<br>hat the : | nown to be the same is his/her t | same pe<br>free and | erson who<br>voluntary | executed the act and deed, |  |  |
| Service             | No.   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| Doc. No             |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| Book No             |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |
| Fee Paid<br>O.R. No |   |           |                                     |                             |                      |                                  |                     |                        |                            |  |  |