Special Power of Attorney for PSA-issued Documents

For applicants authorizing a representative to act on their behalf to process any document/s issued by the Philippine Statistics Authority.

Requirements:

- 1. Personal appearance of applicant
- 2. Two (2) duly accomplished Special Power of Attorney for PSA-issued Documents
- 3. Two (2) passport copies of applicant
- 4. Two (2) copies 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	d in the pa	ssport)					······································
(citizenship)		, of	legal	age,	residin	g at	(current	address)
		,	and with	UAE	mobile nu	mber		
do name, con	stitute and appoint ((full name	of appoi	ntee)				······································
(citizenship of	appointee)		, of I	egal a	ge, and re	siding a	t (current re	sidence of
appointee)		to t	be my tru	e and	lawful AT	TORNE	Y-IN-FACT,	to do and
perform the follo	owing acts:							
1. Proces	ss and claim any or a	all of my f	following	docun	nents:			
	PSA-issued Birth (-					
	PSA-issued Marria PSA-issued Certifi	•		ie Rec	ord (CEN	OMAR)		
	PSA-issued Adviso		-		•		,	
e.	Other PSA-issued	documer	nt/s:					
							_	
-	the aforementione ment of Foreign Affa				•		authenticat	ion by the
•	the above authen	•	•	_	-		Arab Emira	tes in the
Philipp			,		,			
This C	and Dawer of Atta		II -444-					
and shall remain	pecial Power of Atto	rney snai	ii start to	ре еп	ective on _		(date)	,
and onan rom	ain effective until		(date)		<u> </u>			
HEREE	BY GIVING AND GRA	NTING ur	nto my sai	d attor	ney in fact	full pow	ers and aut	hority to do
and perform all	and every act requis	ite or nece	essary to	carry ir	nto effect th	ne foreg	oing powers	, as fully to
all intents and	purposes as I might or	r could law	fully do if	person	ally presen	t, with fu	ıll power of s	substitution
and revocation,	and hereby ratifying a	and confirn	ming all tha	at my s	said attorne	y or his	substitute sh	nall lawfully
do or cause to	be done by virtue here	eof.						
IN WI	TNESS WHEREOF,	I have he	ereunto s	et my	hand this			at the
Embassy of the	Philippines, Abu Dha	bi, United	Arab Emi	ates.				
		_	ture of Pi	•				
		over p	orinted ful	I name	9			
		Signed	in the pre	sence	of:			
	Witness				Witne			
	witness				vvitrie	SS		
		<u>ACKN</u>	OWLEDG	EMEN	<u>T</u>			
Embassy of th	e Republic of the Ph	ilippines)					
Consular Sect	ion) ss.		,					
Abu Dhabi, Un	ited Arab Emirates)							
BEFOR	RE ME, duly commiss	sioned and	d qualified	perso	nally appe	ared (ful	l name as r	eflected on
passport)	issued on	/data of	inava)	, ha	ving exhibi	ted to m	e his/her Pa	ssport No.
	issued on , known	<i>to me ar</i> ≀to me ar	nd to me k	nown	to be the s	ame pei	_ at (<i>piace</i> son who ex	ecuted the
foregoing instru	ument and acknowled	lged to me	that the	same i	s his/her fr	ee and v	oluntary act	and deed,
	vo instrumental witnes ted Arab Emirates.	sses, on th	nis <i>(date)</i>			at the	e Philippine	Embassy ,
,	tou / trub Ellillates.							
Service No. Doc. No.	: :							
Book No.	: :							
Ego Doid								
Fee Paid O.R. No.	:							