Special Power of Attorney (General)

For applicants authorizing a representative to act on their behalf.

Requirements:

- 1. Personal appearance of applicant
- 2. Two (2) duly accomplished Special Power of Attorney forms
- 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:

O.R. No.

	That I. (fu	ll name as reflected	in the pa	ssport)					
(citize	enship)			legal	age,				address)
			,,	and with	UAE r	mobile numb	er		,
DO	NAME,	CONSTITUTE	AND	APPO	DINT,	(full	name	of	appointee)
					_, (citize	enship of ap	pointee	;)	,
_	=	residing at (current re						t	o be my true
and la	awful AllOR	NEY-IN-FACT, to do	and per	form the f	ollowin	g acts:			
	HEREBY	GIVING AND GRAN	ITING ur	nto my sai	d attorr	ney in fact ful	ll powe	rs and au	uthority to do
and p	erform all an	d every act requisite	e or nece	essary to	carry in	to effect the	foregoi	ng power	rs, as fully to
all int	ents and pur	poses as I might or o	could law	fully do if	persona	ally present, v	with full	power of	f substitution
and re	evocation, an	d hereby ratifying ar	nd confirr	ning all tha	at my sa	aid attorney o	or his s	ubstitute	shall lawfully
do or	cause to be	done by virtue hereo	f.						
	IN WITNE	SS WHEREOF, I ha	ave here	unto set m	ny hand	I this <i>(date)</i> _			at the
Emba	issy of the Ph	nilippines, Abu Dhab	i, United	Arab Emir	ates.				
				ture of P					
			over	orinted fu	II IIaiiie	;			
			0:	to the const		e.			
			Signed	in the pres	sence o	т:			
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			ACKN	OWLEDG	EMENT	Г			
						_			
	assy of the F ular Section	Republic of the Phil	ippines)					
		d Arab Emirates)							
	REEODE	ME , duly commission	aned and	Laualified	nercor	nally annears	ad (full	name as	reflected on
passp	oort)	· · · · · · · · · · · · · · · · · · ·			_, haviı	ng exhibited	to me	his/her F	Passport No.
		issued on (date of	issue)				at (plac	ce of issue)
foreg		, known tent and acknowledge							
		instrumental witness							
		Arab Emirates.							
Servic	e No. :								
Doc. N	_								
Book I	_								
Fee Pa	aıu :_								