

Power of Attorney

District Office

Date..... Month..... Year.....

With this document, I

Age Race Nationality

National ID/Passport number

Address

.....

hereby authorize and appoint

Age Race Nationality

National ID/Passport number

Address

.....

to be my lawful and legal representative for the purpose of applying for the admissions of the International Program of Communication Design, Faculty of Architecture, Chulalongkorn University and submitting the application documents on behalf of me.

In confirmation, I sign or fingerprint this document in the presence of two witnesses.

Signed Grantor

(.....)

Signed Grantee

(.....)

I certify that the signature of the Grantor given above is true and genuine.

Signed Witness

(.....)

Signed Witness

(.....)