

For Official use only: _____ _____:
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POWER OF ATTORNEY

I, the undersigned, do hereby authorise LLC «Tourist center «OST-WEST»
, (), (name of Travel Agent/Tour Operator)
(/)

to handle my application to visit Malta by submitting to the Consulate of the Embassy of Malta the

appropriate Visa Application Form, duly signed by me, together with all the necessary supporting

documents inclusive of my valid Passport No _____ and to retrieve my said Passport from

the Consulate of the Embassy of Malta when my Visa application is eventually processed.

(Applicant's signature)
()

(Applicant's full name)
()

(Date)
()

