

Consulate General of the Leople's Republic of Bangladesh 1505-2235 Sheppard Avenue East (Atria TI) Toronto ONM2J 5B5, Ganada Telephone: +1-647-812-2791-2, Fax: +1-416-492-3171 e-mail: consular@bdcgtoronto.ca

Name of the executant

Power of Attorney Application Form

Service Priority:	☐ Regular	☐ Express	Please affix 1 passport size photograph of	Please affix 1 passport size photograph of
No. of pages to be attested	:		Executant	POA receiver
1. Name:			_	
2. Date of Birth:	(dc	d/mm/yyyy)		
Nationality at birth				
4. Permanent address in E	sangladesh:			
Village/Road:		Post office	9:	
Upazila/PS/Town:		District:		
5. Address in Canada:				
Street:	City:	Prov	ince:	
Postal code:	Tel.no:	e-mail	:	
6. Canadian Photo ID: ☐ C	anadian Passpoi	rt or □ PR card or □	Driver's License no.:	
7. Passport no (Bangladesl	n):	Date of issue:	(dd/mm/yyyy)	
Place of issue:		Date of expiry:	(dd/mm	/уууу)
8. National ID no:	c	or Birth Reg. no		
9. Details of the POA receive	/er:			
Name:		Address:		
Relation:		_Contact no.:		
Passport no (Banglade	sh):	Date of issue:	(dd/mm/yyyy)	
Place of issue:		Date of expiry:	(dd/mm	/уууу)
Or national ID no.				
10. Particulars of Notary Pเ	امر) blic/Authorized	person who has alrea	ady attested the documents:(l	If applicable):
Name:		Reg. No	o:	
Address:		Tel #:		
11. Method of payment:	Bank draft 🔲	Money order ☐ Cer	tifies Cheque ☐ to be paid	in the Consulate General
12. Bank Draft /Postal order/Pay order no:			lssued by:	
Amount in C\$:			Date	(dd/mm/yyyy)
☐I do hereby solemnly de genuine. I understand that authorities upon demand.	eclare that staten I am responsible	nents given above ar for retaining these d	e true and documents preser ocuments and present it to ap	nted herewith for attestation are ppropriate