



# POWER OF ATTORNEY

**Kindly Note:**

- The Power of Attorney will only be **valid for one transaction**, it shall immediately terminate upon the completion of the requested transaction.
- MTC shall require a **minimum of 5 working days** to verify the authenticity of the Power of Attorney.

**Power of Attorney**

I, the undersigned \_\_\_\_\_, ID number \_\_\_\_\_ (principal), in my personal capacity, do hereby nominate and appoint \_\_\_\_\_, ID number \_\_\_\_\_ (nominee), with the power of substitution, to be my lawful representative and agent in my name, place and stead, to complete one of the following transactions on my account held at MTC on my behalf. I nominate the nominee as I am unable to attend to MTC's offices due to \_\_\_\_\_.

The nominee shall provide all information and documentation required by MTC in order to complete the requested transaction.

**Mark with an (X) the transaction required:**

ITEMIZED BILL	SIM REGISTRATION	RENEWAL	SIM REPLACEMENT	TERMINATION	MIGRATION

The nominee shall do or cause to be done whatsoever shall be requisite, as fully and effectually, to all intents and purposes of the above as I might or could do if personally present and acting therein; I hereby ratify, allow and confirm, and promise and agree to ratify, allow and confirm all and whatsoever the nominee shall do or cause to be done in or about the premises by virtue of these presents.

**NOTE: The nominee shall indemnify and hold MTC harmless and it's directors, officers, employees, agents, stockholders, affiliates, subcontractors and customers from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgements, costs and expenses (including without limitation attorney's fees and costs) which arise out of, relate to or result from any violation of the power of attorney by the nominee.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_ by the  
Principal:

Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Signed in the presence of the following witnesses:

**Witnesses:**

1. Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Name & Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

**Lastly, we wish to point out that the Subscriber's nominated in the Power of Attorney should produce a certified copy of the principal's ID and the nominee's original ID with the completed form**