POWER OF ATTORNEY EXPORTER (U.S. PRINCIPAL PARTY IN INTEREST) / FORWARDING AGENT

*	EIN/IRS NO.:				_
		use border cro		port number or Custo	mber (SSN). If neither are available, ms identification number
Know all men by these	e presents, That ,	(Name of U.	.S. Principal Party in	n Interest (USPPI))	_ , the (USPPI)
organized and doing b	usiness under the	laws of th	e State or Co	ountry of	
and having an office ar	nd place of busine	ss at			
<u> </u>			(Addro	ess of USPPI)	
	(A	ddress of USPI	PI)		
hereby authorizes				, the (Fe	orwarding Agent)
	(Forwarding 2	Agent)			
of					
	(Address of F	Forwarding Age	nt)		

to act for an on its behalf as a true and lawful agent and attorney of the U.S. Principal Party in Interest for and in the name, place and stead of the U.S. Principal Party in Interest, from this date, in the United States either in writing, electronically, or by other authorized means to :

Act as Forwarding Agent for Export Control, Census Reporting and Customs purposes. Make, endorse or sign any Shipper's Export Declaration or other documents or to perform any act which may be required by law or regulation in connection with the exportation or transportation or any merchandise shipped or consigned by or to the U.S. Principal Party in Interest and to received or ship any merchandise on behalf of the U.S. Principal Party in Interest.

The U.S. Principal Party in Interest hereby certifies that all statements and information contained in the documentation provided to the Forwarding Agent relating to exportation are true and correct. Furthermore, the U.S. Principal Party in Interest understands that civil and criminal penalties, may be imposed for making false or fraudulent statements or for the violation of any United States laws or regulations on exportation.

This power of attorney is to remain in full force and effect until revocation in writing is duly given by the U.S. Principal Party in Interest and received by the Forwarding Agent.

IN WITNESS WHEREOF,		caused these presents
to be sealed and signed:	(Full Name of USPPI/USPPI Company)	
Witness:	Signature :	
	Name :	
	Capacity :	
	Date :	