Open Visa Service
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OPEN VISA SERVICE

VISA CONSULTING

POWER OF ATTORNEY

I hereby authorize Open Visa Service, Haltingerstrasse 34, 4057 Basel, Switzerland, to act on my behalf in all matters relating to my visa application, including the submission and collection of documents and my passport, where permitted by the relevant authorities.

This authorization remains valid until completion of the visa service, unless revoked earlier in writing.

Full Name _____

Passport Number _____

Place and Date _____

Signature _____