EMBASSY OF THE GABONESE REPUBLIC

Washington, D.C.

APPLICATION FOR A NOTARIAL ACT

POWER OF ATTORNEY · CONSENT · WILL

Type of act ❑ Power of attorney ❑ Consent ❑ Will

Acts received in authentic form by the head of mission. The required documents, the fee and the processing times are given by the Consular Service when the file is opened.

Appearing party

Surname

Given name(s)

Date and place of birth

Nationality

Identity document presented

Number

Address in the United States

Telephone

E-mail address

Purpose of the act

Person designated, where applicable (surname, given name, capacity)

Date and place of birth

Nationality

Purpose, scope and duration of the powers or of the consent

Embassy of the Gabonese Republic to the United States of America

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Monday to Friday, 9:00 am to 5:00 pm

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Declaration by the appearing party

I declare that I appear freely, that I have read the content of this act and that I accept its terms. I certify that the information given herein is accurate.

Done at

On

Signature of the appearing party

Witnesses, where applicable

First witness

Surname and given name(s)

Identity document

Second witness

Surname and given name(s)

Identity document

For official use by the Mission

Act number

Date received

Visa du chef de poste

Cachet officiel