



Revenue stamps
30 Baht

Power of Attorney

Written at :

Date :

I, (Mr. /Mrs. /Ms.) Age : years,
holder the identity card No. Address :
..... State/Province :

Zip code : Country : Telephone Number :

hereby authorized (Mr. /Mrs. /Ms.) as my
representative, with full authority to (check box with ✓ symbol into):

1. Be an applicant to submit for receiving the student allowance in accordance
with Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol
University B.E. 2561 (A.D. 2018), including to amend the statements of Application for receiving
the student allowance of Mahidol University and relating voluntary statement until completion;

2. Be a payee of the allowance in the amount of Baht
(.....) from Mahidol University.

I hereby ratify and confirm that all acts and things done by (Mr. /Mrs. /Ms.)
..... shall be regarded as having been done and
be responsible by me in all respects.

Signed Grantor
(.....)

Signed Attorney
(.....)

Signed Witness
(.....)

Signed Witness
(.....)