

(Mahidol University Emblem)

**Power of Attorney**

Affix duty  
stamps  
30 baht

Current location .....

Date ..... Month ..... Year .....

By this letter, I (Mr./Mrs./Ms.) ..... Age ..... Years  
ID card No./Passport No..... House No..... Soi .....  
Street.....Sub-district ..... District .....  
Province ..... Postal code ..... Telephone No.....  
hereby authorize (Mr./Mrs./Ms.) ..... (Mark / in the box )

1. to submit the application for a relief grant according to the Mahidol University announcement on criteria for the disbursement of a student relief grant Mahidol University, B.E. 2563 (2020) as well as to have the power to correct or add additional information in the Mahidol University student relief grant application form and also make a statement relevant to this matter on my behalf until the completion.

2. to receive the relief grant in the amount of ..... baht  
(.....) from Mahidol University and also a check on my behalf.

Any act performed by (Mr./Mrs./Ms.) ..... within the scope of authorization as specified in this letter, I take all responsibility as if it were my own actions in all respects.

(Signature) ..... Grantor  
(.....)

(Signature) ..... Attorney-in-fact  
(.....)

(Signature) ..... Witness  
(.....)

(Signature) ..... Witness  
(.....)