



Revenue stamps
30 Baht

Power of Attorney

Written at :

Date :

I, (Mr. /Mrs. /Ms.) ,holder the identity card No. Address : State/Province : Zip code : Country : Telephone Number : Email :, hereby authorized (Mr. /Mrs. /Ms.) as my representative, with full authority to :

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, including to amend the statements of Application for receiving the student allowance of Mahidol University and relating voluntary statement until completion;

2) In the case of receiving an allowance by cheque payable 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
(.....)