SPECIAL POWER OF ATTORNEY with AFFIDAVIT OF SUPPORT AND CONSENT

	We,			and		
	of			_		_
Mr./Ms	S				with present addres	s at ·
					$_{-\!-\!-\!-}$, to be my t	true and
lawful	attorney-in-fact, for me ar	id in my n	ame,	place a	nd stead, to do and per	rform the
followi	ng acts, to wit:					
1.	To accompany on our b	ehalf to p	roces	ss. rene	w. sign and release in	applying
	• •	-			el clearance of ou	
					h the Department of	
	Affairs and Department of					i oreigi
2	•					
۷.	That we hereby giving of	our ruit co	nsen	i ior iui	ure traver with me/us/ç	guardian
				;		
3.	That as the mother/father					
	giving full support and	consent t	to the	e above	acts in (as much as	s I have
	exclusive legal custody of	f minor)				
4.	That we assume respons	ibility for t	he iss	suance (of the passport of the sa	aid minoi
	and further assume all ob	ligations of	conse	quent th	nereto;	
5.	To absolutely act in an	_		-		ses and
	abovementioned; and	, ,	,		, ,	
6	That we are executing thi	s Affidavit	to at	test to th	ne truth of the above sta	atements
0.	and for whatever legal pu				io tratif of the above of	21011101110
	and for whatever legal pu	ipose una	illay	SCIVE.		
INI	WITNESS WHEREOF, I	have a	ffived	our si	anatures on this	day o
114					n Melbourne, VIC, Austra	•
	, 20 at the i illip	pine Cons	ulate	Jeneran	ii webbuille, vio, Austra	ilia.
				_		
	print name/signatu	re			print name/signatur	е
Signe	d in the presence of:					
	Name and Signature				Name and Signature	