

POWER OF ATTORNEY

(OPTIONAL)

(Please complete if required, please complete Personal Information Sheets for all named individuals)

To: The President
Caye International Bank Limited
P.O. Box 105, Coconut Drive
San Pedro, Ambergris Caye
Belize

I request that until you receive written instructions from me to the contrary, treat and consider my _____ (Spouse, Trustee, Business Partner, etc.) Mr./Mrs. _____ as fully empowered to operate my account and to withdraw funds from my account and to endorse or accept cheques, bills and promissory notes and other documents in my name for all of which this shall be a full and sufficient authority to your president, clerks, and officers and shall be binding upon me and all other persons claiming from or under me.

Dated this _____ day of _____

Account Number _____

Signed _____

My Representative will sign _____



Caye International Bank Limited

www.cayebank.bz

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Initials _____