**PODER Y SOLICITUD DE VISA DE TURISTA**

Power of attorney and tourist visa application

**HONORABLE DIRECTORA GENERAL DEL SERVICIO NACIONAL DE MIGRACIÓN**

Honorable Director General of the National Migration Service

**CIUDAD DE PANAMA**

Panama city.

Yo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mujer o hombre, de

I, ( write your name) , female or male, with

nacionalidad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mayor de edad con número de Pasaporte \_\_\_\_\_\_\_\_\_\_\_\_\_

nationality, (write your nationality), adult, with Passport #

residente en\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Barrio o calle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, casa, \_\_\_\_\_\_\_\_\_

 address: (write your country of residence) city, residential area or street, \_\_\_\_\_ house # \_\_\_

teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ y correo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; por este medio manifiesto

Phone #\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_ I hereby state that I grant

Que otorgo poder especial amplio y suficiente a la Licenciada **ELIZABETH GEORGE FALQUEZ,** mujer, panameña, mayor de edad,

power of attorney to **ELIZABETH GEORGE FALQUEZ** , female ~~or male~~, Panamanian, adult

con cédula de identidad personal número **8-414-656,** abogada/o, en ejercicio, con número de identidad **4293**

Panamanian I.D. number 8-414-656, attorney, attorney ID No. 4293

localizable­­­ en Distrito de Panamá, Corregimiento de Pueblo Nuevo, Sector Hato Pintado, Las Sabanas, Condominio Las Pirámides, Torre 200, apt 4-B, teléfono 6209-6811.

with address in the District of Panama with address specified.

para que, en mi nombre y representación, gestione y presente formal solicitud ante su digno Despacho

so that, she can act on my behalf by submitting an official application to your office

para VISA de turista.

for a tourist visa

La Licenciada **ELIZABETH GEORGE FALQUEZ**, queda debidamente facultada/o para

The lawyer, **ELIZABETH GEORGE FALQUEZ**, is duly entitled to

solicitar, recibir, desistir, reasumir, transigir, sustituir, comprometer, notificarse, renunciar, negociar e interponer

request, receive, desist, resume, compromise, replace, engage, notify, renounce, negotiate and interject,

así como para interponer cualquier acción, recurso y/o incidente legal que estimen convenientes y necesarios

any action and/or legal proceeding as it deems appropriate and necessary

para lograr los propósitos del presente poder.

to address the objectives of this power of attorney.

Panamá, a fecha de Presentación, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Panama, date of submission

Pasaporte No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport #

Acepta Poder

Accept the power of attorney

 Licda/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ELIZABETH GEORGE FALQUEZ**

 **Idoneidad Profesional No. 4293**

 Attorney ID No. #