

# Special Power of Attorney Form PDF

## Principal Information:

- Name of Principal: \_\_\_\_\_
- Address of Principal: \_\_\_\_\_
- Contact Number of Principal: \_\_\_\_\_

## Attorney Information:

- Name of Attorney: \_\_\_\_\_
- Address of Attorney: \_\_\_\_\_
- Contact Number of Attorney: \_\_\_\_\_

## Powers Granted:

- Specific Powers: \_\_\_\_\_
- Limitations: \_\_\_\_\_

## Duration:

- Effective Date: \_\_\_\_\_
- Expiry Date: \_\_\_\_\_

## Conditions:

- Revocation Terms: \_\_\_\_\_
- Governing Laws: \_\_\_\_\_