

POWER OF ATTORNEY

I, the undersigned	holder of identity card number
do hereby appoint and constitute as	s true and lawful attorney for me, in my stead
	r of identity card number hereinafter
referred to as the "Attorney", and empove	wer the said Attorney to:
Appear and sign on my behalf, any do	ocumentation related to the Private Residential Lease
	property with the address:
_	, and of which
	holder of identity card number is
appearing as the lessor, including bu	t not limited to, necessary documentation for lease
registration with the Housing Authority.	
This Power of Attorney is valid for a per	riod of year/s.
	onfirm, and approve, whatever the said Attorney shall
lawfully do with respect to the aforemen	itioned lease agreement.
In witness whereof today the	() day of of the
year	
year	
Mandator	
Name in block letters:	
Identity Card Number:	Signature:
Attorney/Mandatory	
Name in block letters:	
Identity Card Number:	Signature:
Witness ¹	
Name in block letters:	
Identity Card Number:	
Profession:	
·	
Stamp/Warrant Number (if applicable):	

¹ For the purpose of this Power of Attorney the Housing Authority requires the witness to be a professional (holder of a valid warrant according to the Laws of Malta).