

POWER OF ATTORNEY

I, named	, date o	of birth and national identity number
(11 digits) / DUF number		
hereby authorize Legal Advice for	women (JURK), repres	sented by,
or his/her substitute to act on my be	ehalf in relation to	
	and fre	ees the receiver of enquiries from JURK
from their duty of confidentiality.		
	Place and date:	
	Signature:	