

POWER OF ATTORNEY

IRS # / SS #:		
KNOW ALL MEN BY THESE PRESENTS, That, (1)	
V	(Full name of per	son, partnership, corporation or sole proprietorship (Identity)
		. Grantor, a corporation doing business
under the laws of the State or Province of (2)		, having a principal place of business at
(3)	· 	
ora (4)	doing business	s at (5)
(Individual, Partnership or sole p	,	
and located or residing at (6)	(Residential address of si	gner, not applicable for corporation)
hereby constitutes and appoints each of the following: DS		prized employees, its divisions, subsidiaries & other affiliate companies
as a true and lawful agent and attorney of the gra Districts, and in no other name, to make, endors document required by law or regulation in connecti	antor named above for and in the name se, sign, declare or swear to any entr ion with the importation, transportation, o	e, place and stead of said grantor from this date and in all Custom y, withdrawal, declaration, certificate, bill of lading, carnet or othe or exportation of any merchandise shipped or consigned by or to sai n connection with such merchandise; to receive any merchandis
statement, supplemental statement, schedule, omanufacturing records, declaration of proprietor on	certificate of delivery, certificate of managements of the delay of exporter es, regardless of whether such bill of la	ry or collect drawback, and to make, sign, declare or swear to an nanufacture, certificate of manufacture and delivery, abstract of on drawback entry, or any other affidavit or document which may be ding, sworn statement, schedule, certificate, abstract, declaration of
merchandise or merchandise exported with or with vessel or other means of conveyance owned or op	out the benefit of drawback, or in conne erated by said grantor, and any and all t	or regulation in connection with the entry or withdrawal of importe ection with the entry, clearance, lading, unlading or navigation of an bonds which may be voluntarily given and accepted under applicabl Tariff Act of 1930, as amended, or affidavits in connection with th
lading, unlading, or operation of any vessel or othe	r means of conveyance owned or operat	
To accept and/or endorse (for deposit only) any Go	· ·	•
		collect checks issued for Customs duty refunds in grantor's name states, to accept service of process on behalf of the grantor.
Grantor hereby walves its right to receive invoice received from DSV Air & Sea Inc. Grantor acknow	for Customs brokerage charges directly ledges that such arrangements are for th	r from Grantee and agrees to accept these charges on the invoice ne convenience of the grantor and shipment continuity.
of the Tariff Act of 1930 in which said grantor is attorney, giving to said agent and attorney full pow grantor could do if present and acting, hereby rat	or may be concerned or interested and er and authority to do anything whatever ifying and confirming all that the said a e and effect until notice of revocation in	s, including making, signing, and filing of protests under section 514 which may properly be transacted or performed by an agent and requisite and necessary to be done in the premises as fully as said gent and attorney shall lawfully do by virtue of these presents; the newriting is duly given. If the grantor of this power of attorney is a years from the date of its execution.
IN WITNESS WHEREOF, I have hereunto set my hand at the City	of . (7)	
(Date)' (8)	(9)	
		(Signature)
(Title) (10)	(11)	(Name Printed)
	CERTIFICATION BY NON RESIDENT CO	RPORATION
	be made by an officer other than the one who execut	
	nly one signing authority, notate "Sole Signing Officer , certify that I am the (13)	
	· · · · · · · · · · · · · · · · · · ·	(Title)
Of (14) (Name of Corporation)	, organized under the laws of the Province o	of (15)
That (16)		, who signed the Power of Attorney on behalf of the corporation, is
	of Power of Attorney)	uthority to sign powers of Attorney on behalf of the corporation.
(Title)	Porduorit and time and digital mad girell tile at	
n witness whereof, I have hereunto set my hand at the city of	(18)	
(Date) (19)	(20)	(Signature)
		(Signature)

If you are the importer of record, payment to the broker will not relieve you of liability for customs charges in the event the charges are not paid by the broker. Therefore, if you pay by check, customs charges may be paid with a separate check payable to the "U.S. Customs Service" which shall be delivered to Customs by the broker.



INSTRUCTIONS TO COMPLETE POWER OF ATTORNEY FORM

If you are:

- A) AN INDIVIDUAL OR SOLE PROPRIETORSHIP: Complete items 1, and 3 through 11.
- B) A U.S. RESIDENT CORPORATION: Complete items 1,2, 3 and 7 through 11.
- C) A NON-RESIDENT CORPORATION: Complete items 1,2, 3 and 7 through 20.
- D) A PARTNERSHIP: Complete items 1 through 20.

DESCRIPTION OF FIELDS ON THE POWER OF ATTORNEY FORM

- 1) Full legal name of Individual, Partners, Corporation or Owner (of Sole Proprietorship). If the Power of Attorney is for a Partnership, fill in the full legal names of each Partner.
- 2) Indicate the State/Province in which your Corporation is incorporated. (Example located in New York but incorporated in the State of Delaware).
- 3) Enter your Business address.
- 4) Indicate if Individual, Partnership, or Sole Proprietor (if Corporation, leave blank).
- 5) Enter the name under which you are doing business (if applicable, otherwise leave blank).
- 6) Enter the residence address for the Individual, each Partner, or the Owner of a Sole Proprietorship.
- 7) Enter the city in which the Power of Attorney is being completed.
- 8) Enter the Date the document is signed.
- 9) Signature of Authorized Individual:
 - For Individual (him/herself)
 - For Partnership (one Partner)
 - For Sole Proprietorship (the owner)
 - For Corporation (an officer of the Corporation, i.e., President, VP, Secretary/Treasurer, CFO or ¹duly authorized employee)
- 10) Enter the Title of the Signer.
- 11) Print the name of the Signer from line 9.

The Certification by Nonresident Corporation *MUST* be completed by all Corporations and Partnerships located **outside** of the United States.

- 12) Enter the name of a 2nd Officer of the company or duly authorized employee (different than line 9).
- 13) Enter the title of the Officer listed on line 12.
- 14) Enter the name of the Corporation.
- 15) Enter the Province of Incorporation.
- 16) Enter the name of the Officer in line 9.
- 17) Enter the title from line 10
- 18) Enter the City in which the Power of Attorney is being completed.
- 19) Enter the Date the document is signed.
- 20) Signature of:
 - For Partnership: 2nd Partner as shown on line 12.
 - For Corporation: 2nd Officer, (i.e., President, VP, Secretary/Treasurer, CFO or 1duly authorized employee) as shown on line 12.

DULY AUTHORIZED EMPLOYEE; i.e. empowered by the employer to execute a Power of Attorney and so certified by copies of the Empowering Charter of Incorporation or a copy of the minutes of a meeting of the Board of Directors listing individuals with authority to sign on behalf of the Corporation.