



Kazakh Service Centre®

1725 I (Eye) Street NW, Suite 300
Washington, DC 20006 USA
<https://kazakhservicecentre.com/>
1-888-800-9339

I, _____, authorize Kazakh Service Centre® to act on my behalf to obtain **Kazakhstan Visa** at the Kazakhstan Embassy in USA. Kazakh Service Centre® representative is authorized to drop-off and pick-up my documents to/from the embassy, high commission, consulate, diplomatic mission of the country of Kazakhstan while aiding me in processing my documents. Kazakh Service Centre® is also authorized to receive information about my application from the aforementioned organizations while acting on my behalf. This Power of Attorney is valid for three years from the date of issuance.

Signed on this ___ day of the month of _____ in the year _____, in the city of _____ in the state of _____, in USA.

Signature _____ name _____

EMBASSY COPY

Notary signature _____ Name _____ Phone _____



Kazakh Service Centre®

1725 I (Eye) Street NW, Suite 300
Washington, DC 20006 USA
<https://kazakhservicecentre.com/>
1-888-800-9339

I, _____, authorize Kazakh Service Centre® to act on my behalf to obtain **Kazakhstan Visa** at the Kazakhstan Embassy in USA. Kazakh Service Centre® representative is authorized to drop-off and pick-up my documents to/from the embassy, high commission, consulate, diplomatic mission of the country of Kazakhstan while aiding me in processing my documents. Kazakh Service Centre® is also authorized to receive information about my application from the aforementioned organizations while acting on my behalf. This Power of Attorney is valid for three years from the date of issuance.

Signed on this ___ day of the month of _____ in the year _____, in the city of _____ in the state of _____, in USA.

Signature _____ name _____

OFFICE COPY

Notary signature _____ Name _____ Phone _____

Notary Stamp