

Limited Power of Attorney Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby appoint [Agent's Full Name], residing at [Agent's Address], as my true and lawful attorney-in-fact with limited powers, to act on my behalf in the following matters:

- [Specify the exact powers granted]
- [Specify any limitations on the powers granted]

This Limited Power of Attorney shall be effective from [Start Date] until [End Date], or until revoked by me in writing.

I hereby ratify and confirm all lawful acts done by my attorney-in-fact pursuant to this authorization.

Signed,

[Your Signature]

[Your Printed Name]

[Your Contact Information]

Witnessed by:

[Witness Signature]

[Witness Printed Name]

[Witness Address]