



REPUBLIC OF RWANDA
EMBASSY BERLIN

EB-C-PA

REQUEST OF AUTHENTICATION OF SIGNATURE FOR POWER OF ATTORNEY

SECTION A – Your Details:

GENDER: MS MR
SURNAME: _____
OTHER NAMES: _____
STREET AND HOUSE NR: _____
POSTAL CODE: _____ CITY: _____
COUNTRY: _____
TELEPHONE: _____ E-MAIL: _____
DATE OF BIRTH (D/M/Y): ____ / ____ / ____ PLACE OF BIRTH (If in Rwanda specify City / Sector/District): _____

PHOTO
2 colored biometric passport photographs.
Please indicate your name at the back, in order to avoid any confusion.

NATIONAL ID / PASSPORT: _____ DATE OF ISSUE (D/M/Y): ____ / ____ / ____
LEVEL OF EDUCATION AND DOMAIN: _____
OCCUPATION: _____ POSITION: _____
WORKING PLACE: (Organization/Company) _____
(FOR STUDENT ONLY) FACULTY: _____ YEAR OF STUDY: _____
(FOR STUDENT ONLY) UNIVERITY/COLLEGE: _____
MARITAL STATUS: SINGLE MARRIED WIDOW(ER) DIVORCED
SPOUSE'S FULL NAME: _____
DATE YOU LEFT RWANDA (D/M/Y): ____ / ____ / ____
FATHER'S FULL NAME: _____
MOTHER'S FULL NAME: _____

SECTION B – the person you are authorizing to act on your behalf:

GENDER: MS MR
SURNAME: _____
OTHER NAMES: _____
ADDRESS: _____
IF THE PERSON LIVES IN RWANDA SPECIFY (City/Sector / District). OTHERWISE (FULL ADDRESS, CITY AND COUNTRY)
TELEPHONE: _____ E-MAIL: _____
DATE OF BIRTH (D/M/Y): ____ / ____ / ____
PLACE OF BIRTH: _____
IF THE PERSON WAS BORN IN RWANDA SPECIFY (City/Sector / District). OTHERWISE (FULL ADDRESS, CITY AND COUNTRY)

OCCUPATION: _____ POSITION: _____

WORKING PLACE: (Organization/Company) _____

(FOR STUDENT ONLY) FACULTY: _____ YEAR OF STUDY: _____

(FOR STUDENT ONLY) UNIVERSITY/COLLEGE: _____

MARITAL STATUS: SINGLE MARRIED WIDOW(ER) DIVORCED

SPOUSE'S FULL NAME: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

NATIONAL ID / PASSPORT: _____ DATE OF ISSUE (D/M/Y): ____ / ____ / ____

SECTION C – Identity / Supporting / Required Documents

YOU ARE REQUIRED TO PROVIDE THESE IDENTITY, SUPPORTING AND OTHER REQUIRED DOCUMENTS OTHERWISE YOUR APPLICATION WILL NOT BE PROCESSED.

A COPY OF YOUR PASSPORT/NATIONAL ID

A COPY OF YOUR RESIDENT PERMIT

A COPY OF PASSPORT/NATIONAL ID OF THE PERSON YOU ARE AUTHORIZING
TO ACT ON YOUR BEHALF

N.B:

DEPENDING ON THE NATURE OF THE PURPOSE OF THE POWER OF ATTORNEY THIS DOCUMENT MAY ALSO BE REQUIRED.

A PROOF OF PROPERTY OWNERSHIP

SECTION D –Declaration:

I AGREE TO INFORM THE COMPETENT SERVICES AT THE EMBASSY IF ANY INFORMATION ON THIS FORM CHANGES BEFORE THE PROCESSING OF MY APPLICATION IS COMPLETE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ON THIS FORM ARE TRUE AND CORRECT.

DATE (D/M/Y): ____ / ____ / ____

SIGNATURE: _____

POWER OF ATTORNEY

I, the undersigned, _____ residing in _____

 and holder of the passport _____ hereby make, constitute and appoint
 Mr /Mrs _____
 residing in _____
 and holder of the National ID /Passport _____ issued in _____

 on ____ / ____ / ____ as my attorney-in-fact who shall have full power and authority to undertake and perform only
 the following acts on my behalf: *(please strike out the numbering if not suitable or reorganize it)*

- (i) _____

- (ii) _____

- (iii) _____

This Power of Attorney shall be effective on the date of ____ / ____ / ____.

This Power of Attorney shall terminate on the date of ____ / ____ / _____, unless I revoke it sooner. I may at any time
 or by any manner revoke this Power of Attorney.

REMARKS:

DATE: ____ / ____ / _____ SIGNATURE: _____

Reserved to the officer in charge at the Embassy

ACKNOWLEDGMENT

On ____ / ____ / _____ before me, _____
 appeared the person mentioned above, _____
 and based on his/her Passport/National Identity Card presented, he/she is the person signatory to this Power of
 Attorney. He/she confirmed the power of Attorney is issued on his/her own voluntary.



REPUBLIC OF RWANDA
EMBASSY BERLIN

**REQUEST OF AUTHENTICATION OF SIGNATURE FOR POWER OF ATTORNEY
GENERAL INFORMATIONS AND DOCUMENTS CHECKLIST**

A. PAYEMENT OF CONSULAR FEES

CONSULAR FEES (10 €) MUST BE PAYED FOR EACH APPLICATION. PLEASE NOTE THAT THOSE CONSULAR FEES HAVE TO BE TRANSFERRED TO THE FOLLOWING BANK ACCOUNT BEFORE SENDING IN YOUR APPLICATION.

BENEFICIARY: BOTSCHAFT VON RUANDA
PAYMENT REFERENCE: EB-C-PA + [YOUR NAME]
BANK: COMMERZBANK BERLIN
IBAN: DE87 100400000266054603
SWIFT CODE: COBADEFFXXX

B. MAILING ADDRESS AND CONTACT DATA

BE SURE THAT YOU HAVE ADDRESSED THE ENVELOPE, ATTACHED SUFFICIENT POSTAGE AND SEND TO:

EMBASSY OF THE REPUBLIC OF RWANDA

JÄGERSTRASSE 67 – 69

10117 BERLIN

IF YOU ARE SENDING MORE THAN ONE APPLICATION, SEND ALL OF THEM TOGETHER IN ONE ENVELOPE. THE APPLICATIONS WILL BE PROCESSED TOGETHER.

YOU CAN CONTACT US DURING BUSINESS HOURS UNDER THE PHONE NUMBER: **+49 (0) 30 209 165 90**

OR VIA E-MAIL: **ca@rwanda-botschaft.de**. FOR FURTHER INFORMATIONS VISITE: **www.rwanda-botschaft.de**

C. ABOUT THE DOCUMENTS

THE APPLICATION FORM (**EB-C-PA**) IS DESIGNED TO BE "FILLABLE" ON COMPUTER. THIS MEANS THAT YOU SHALL CONVENIENTLY COMPLETE THE FORM RIGHT ON YOUR COMPUTER. YOU CAN THEN PRINT YOUR COMPLETED FORM, SIGN IT AS REQUIRED AND SUBMIT IT TO THE ADDRESS MENTIONED ABOVE.

FAILURE TO PROVIDE A FULLY COMPLETED APPLICATION FORM OR THE NECESSARY DOCUMENTS WILL RESULT IN THE NON-PROCESSING OF YOUR APPLICATION.

THE COPIES OF YOUR DOCUMENTS (FOR EXAMPLE: PASSPORT, ID) MUST BE READABLE AND IF THEY CONTAIN A PHOTOGRAPHIE, THE PERSON MUST BE VISIBLE/RECOGNIZABLE. IT MAY BE HELPFUL TO MAKE COLOR COPIES.

NOTE:

- **THE APPLICANT MUST BE AT LEAST 18 YEARS OLD.**
- **FOR LEGALIZATION OF SIGNATURE, THE APPLICANT MUST COME IN PERSON AT THE EMBASSY AS HE OR SHE IS REQUIRED TO SIGN THE LETTER BEFORE A CONCERNED OFFICER.**
- **YOU MUST PROVIDE THE ENGLISH OR FRENCH TRANSLATION OF ALL DOCUMENTS THAT ARE IN ANOTHER LANGUAGE AND THOSE TRANSLATED DOCUMENTS MUST BE CERTIFIED BY COMPETENT AUTHORITIES.**

D. DOCUMENT CHECKLIST

SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. CHECK EACH BOX ONCE YOU ENCLOSE THE ITEM.

FORM	
<input type="checkbox"/>	REQUEST OF AUTHENTICATION OF SIGNATURE FOR POWER OF ATTORNEY (EB-C-PA) <i>FULLY COMPLETED.</i> <i>PLEASE NOTE, THAT THIS FORM MUST BE SIGNED BEFORE AN OFFICER IN CHARGE AT THE EMBASSY.</i> <i>CONTACT US ON THE TELEPHONE NUMBER OR EMAIL MENTIONED ABOVE TO ARRANGE A MUTUALLY CONVENIENT APPOINTMENT.</i>
IDENTITY DOCUMENTS / RESIDENT PERMIT	
<input type="checkbox"/>	A COPY OF YOUR NATIONAL ID AND/OR YOUR PASSEPORT
<input type="checkbox"/>	A COPY OF YOUR RESIDENT PERMIT
<input type="checkbox"/>	A COPY OF NATIONAL ID AND/OR PASSEPORT OF THE PERSON YOU ARE AUTHORIZING TO ACT ON YOUR BEHALF
REQUIRED DOCUMENTS	
<input type="checkbox"/>	A PROOF OF PROPERTY OWNERSHIP (IF APPLICABLE)
PHOTO	
<input type="checkbox"/>	TWO (2) COLORED BIOMETRIC PASSPORT PHOTOGRAPHS FOR EACH APPLICATION. (PLEASE INDICATE THE NAME OF THE APPLICANT AT THE BACK, IN ORDER TO AVOID ANY CONFUSION)
FEE	
<input type="checkbox"/>	A PROOF OF PAYEMENT OF CONSULAR FEES (10 €) FOR EACH APPLICATION

INCLUDE THIS COMPLETED DOCUMENT CHECKLIST (PAGE 2) WITH YOUR APPLICATION PACKAGE
