

POWER of ATTORNEY for Mail Services

First Name :

Family Name :

Entity Name (if any) :

Address :

Hereby appoint

First Name : JEREMIE

Family Name : PIEDEBOUT

***Address : Globe Services - French Office
350, chemin Pré Neuf 38350 La Mure FRANCE***

As my agent for Mail Services and I authorize my agent to :

- ☐ **Manage all my correspondence that come to my French Office Address**
- ☐ **Receive all certified, registered, international correspondence from private parties, business and government organizations**
- ☐ **Subscribe to Mail Forwarding Contracts with the French Post Office if I require it**

This power of Attorney is durable and valid till its cancellation or till the end of any contract with Globe Services / French Office

Name of Attorney :

Registration Number :

Address and country :

Date.....

Applicant Signature

Notary / Attorney Seal and signature