



Embassy of Lebanon  
Athens

## Legalisation of Power of Attorney

Name & Surname of Principal: -----

Place & Date of Birth: -----

Name & Surname of Attorney (Representative): -----

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Mother's Name: -----

Place & Date of Birth: -----

Nationality of Attorney (Representative): -----

Type of Power of Attorney:

General – Private – Judicial – Termination of Power of Attorney – Waiver

Subject of Power of Attorney:

Address in Greece:

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Phone: \_\_\_\_\_

Address in Lebanon:

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Phone: \_\_\_\_\_

Name of the applicant:

Date:

Signature:

معلومات خاصة بالقسم القنصلي				
اسم الموظف المنفذ	الرسوم المدفوعة	الرقم المتسلسل	تاريخ الاستلام	الموظف المستلم