



**LIMITED POWER OF ATTORNEY  
BETWEEN PRINCIPAL AND AGENT**



The undersigned, a natural man known as signed and printed below as principal, does hereby designate Sovereign Post as attorney in fact for the principal, to act in the following capacity in behalf of the principal.

- 1) The attorney in fact shall have the limited power to Open Mail and received documents and place those documents for their retrieval into a digital location.
- 2) This special power of attorney shall become effective immediately and shall remain in effect until the end of the term of payment contract.
- 3) This power of attorney may only be revoked, suspended or terminated in writing by cancelation of services with written notice to Sovereign Post.
- 4) The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.
- 5) The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.
- 6) The laws of Ecuador Latin America shall govern this power of attorney and contract.
- 7) I also agree by my signature below that I will not use the Sovereign Post for illegal purposes and Indemnify Sovereign post from any and all causes and/or action taken against me for misuse thereof

**Name on account (This is the name that mail will be received in, list only 1):** \_\_\_\_\_

This power of attorney is signed on this \_\_\_\_\_ day of the month \_\_\_\_\_, AD 201\_ to be effective immediately.

Signature: \_\_\_\_\_

Principle

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (Not Required)

**Witnesses**

First Witness Signature \_\_\_\_\_

Second Witness Signature \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_