



Kazakh Service Centre

275 Slater Street, Suite 900 Ottawa,
Ontario K1P 5H9
<https://canada.kazakhservicecentre.com/>
1-888-800-9339

We, _____, biological parents of

authorize Kazakh Service Centre to act on our behalf to obtain **Kazakhstan Visas** at the Kazakhstan Embassy in Canada. Kazakh Service Centre is authorized to drop-off and pick-up our documents to/from the embassy, high commission, consulate, diplomatic mission of the country of Kazakhstan while aiding us in processing our documents. Kazakh Service Centre is also authorized to receive information about our applications from the aforementioned organizations while acting on our behalf. This Power of Attorney is valid for three years from the date of issuance.

Signed on this ___ day of the month of _____ in the year _____, in the city of _____ in the province of _____, in Canada.

Signature _____ name _____

EMBASSY COPY

Signature _____ name _____

Witness signature _____ Name _____ Phone _____



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OFFICE COPY

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