**POWER OF ATTORNEY**

**Partner Agent Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Nationality |  | Passport No. |  |
| Mobile Phone |  | E-mail Address |  |
| Valid FIBA License No. |  | FIBA LicenseIssued Date |  |
| Name of Agency |  | Office Phone |  |
| Office Address |  |

Dear WKBL,

I hereby certify that this signed power of attorney authorizing FIBA licensed

(Name of Partner Agent) to act on behalf of our company for the WKBL Asia Quota Player Draft.

Would you kindly retain this power of attorney in your files and make the necessary internal arrangements to ensure that (Name of Partner Agent) is recognized as having this authority.

|  |  |
| --- | --- |
|  | **Agent****Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****License No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |