POWER OF ATTORNEY (IRELAND)

Location: _____ Date: _____

Principal Information:

Full Name: _____

Address: _____

Date of Birth: _____

Passport or ID Number: _____

Attorney(s) / Agent(s) Information:

Full Name(s): _____

Address: _____

Date(s) of Birth: _____

Passport or ID Number(s): _____

Power of Attorney Grant:

The Principal hereby appoints the Attorney(s)/Agent(s) named above to act on behalf of the Principal with full power and authority to manage, conduct, and transact all affairs and business relating to the Principal's property, legal matters, financial accounts, and any other matters as permitted by law in the Republic of Ireland and internationally, including but not limited to signing documents, executing contracts, managing bank accounts, engaging legal counsel, and making decisions as fully and effectively as the Principal could do.

Scope and Limitations of Authority:

The authority granted herein is broad and general, but subject to the following limitations and conditions, if any, as indicated by the Principal below:

- Limitations or specific instructions: _____
- Expiration or termination conditions: _____

Effective Date and Duration:

This Power of Attorney shall become effective immediately upon execution and shall remain in full force and effect until revoked by the Principal in writing or otherwise terminated by operation of law.

Revocation of Prior Powers of Attorney:

The Principal hereby revokes any and all prior powers of attorney executed by the Principal relating to the matters covered herein, to the extent permitted by law.

Governing Law and Jurisdiction:

This Power of Attorney shall be governed by and construed in accordance with the laws of the Republic of Ireland. The

parties submit to the exclusive jurisdiction of the courts of Ireland for any disputes arising under or in connection with this Power of Attorney.

Indemnification:

The Principal agrees to indemnify and hold harmless the Attorney(s)/Agent(s) against any claims, losses, damages, or expenses incurred in the lawful exercise of the powers granted herein, except for acts of gross negligence or willful misconduct.

Severability:

If any provision of this Power of Attorney is held to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

Signatures and Acknowledgements:

IN WITNESS WHEREOF, the Principal has executed this Power of Attorney on the date and at the location indicated above. The undersigned witnesses affirm that the Principal appeared to be of sound mind and under no duress or undue influence at the time of signing, and the signature is the Principal's own free act and deed. The Attorney(s)/Agent(s) hereby accept(s) the appointment and agree(s) to act in accordance with the terms set forth herein.

PRINCIPAL'S SIGNATURE	WITNESS 1 SIGNATURE	WITNESS 2 SIGNATURE
Signature: _____	Signature: _____	Signature: _____
Full Name: _____	Full Name: _____	Full Name: _____
Date: _____	Date: _____	Date: _____
Address: _____	Address: _____	Address: _____