Power of Attorney

Principal Information

Full Name: [Vekalet Veren Ad Soyad / Principal's Full Name]

Identification or Passport No.: [Kimlik veya Pasaport Numarası]

Nationality: [Uyruk]

Date and Place of Birth: [Doğum Tarihi ve Yeri]

Address: [Vekalet Veren Adres / Principal's Address]

Telephone and E-mail: [Telefon Numarası ve E-posta Adresi]

Attorney-in-Fact Information

Full Name: [Vekil Ad Soyad / Attorney-in-Fact's Full Name]

Identification or Passport No.: [Kimlik veya Pasaport Numarası]

Nationality: [Uyruk]

Address: [Vekil Adres / Attorney-in-Fact's Address]

Telephone and E-mail: [Telefon Numarası ve E-posta Adresi]

Appointment

I, [Vekalet Veren Ad Soyad / Principal's Full Name], hereby appoint [Vekil Ad Soyad / Attorney-in-Fact's Full Name] as my true and lawful attorney-in-fact to act in my name and on my behalf solely in connection with the matter described below and within the limits of the powers expressly granted in this document.

Purpose and Scope

Authorized Matter or Transaction: [Vekaletnamenin Veriliş Amacı ve İlgili İşlem]

Relevant Institution, Company or Authority: [İlgili Kurum, Şirket veya Makam]

Reference, Application or File No.: [Dosya, Başvuru veya Referans Numarası]

Country and Place of Use: [Kullanılacağı Ülke ve Yer]

Powers Granted

• To represent me before [İlgili Kurum, Şirket veya Makam] exclusively in relation to [Yetkilendirilen İşlem veya Konu].

• To prepare, submit, sign and receive applications, petitions, forms, declarations, notices, receipts and routine correspondence required for the authorized matter.

• To provide information and documents requested in connection with the authorized matter and to obtain copies, certificates, records, decisions and written notifications issued in my name.

• To follow the progress of the relevant application or transaction, respond to routine requests for information and complete necessary administrative formalities.

• To pay application fees, service charges and other official expenses using funds provided by me, and to collect invoices or receipts for such payments.

• To sign the following specifically authorized documents: [İmzalanmasına Açıkça İzin Verilen Belgeler].

• To receive the following documents or items on my behalf: [Teslim Alınmasına İzin Verilen Belge veya Eşyalar].

• To perform other directly necessary acts expressly related to the authorized matter, provided that such acts do not exceed the limitations stated in this Power of Attorney.

Additional Express Authority

The attorney-in-fact is additionally authorized to perform the following acts, if any: [Varsa Açıkça Verilen Ek Yetkiler]. If this field is left blank, no additional authority shall be deemed granted.

Limitations

This Power of Attorney is limited to the matter stated above. Unless expressly included under “Additional Express Authority,” the attorney-in-fact shall not have authority to sell, purchase, transfer or encumber real property; borrow money; provide a guarantee; make a gift; open or close a bank account; withdraw or transfer funds; commence, settle or waive legal claims; or appoint a substitute attorney-in-fact.

The attorney-in-fact shall act in accordance with my instructions and shall not use this Power of Attorney for personal benefit or for any purpose unrelated to the authorized matter.

Effective Date and Duration

Effective Date: [Yürürlük Tarihi]

Expiry Date or Term: [Sona Erme Tarihi veya Geçerlilik Süresi]

This Power of Attorney shall become effective on the date stated above and shall remain valid until [Sona Erme Tarihi veya Olayı], unless revoked earlier by me in writing. It shall automatically cease upon completion of the authorized matter where no separate expiry date is specified.

Declaration of the Principal

I declare that I have read and understood this Power of Attorney, that the information provided herein is accurate, and that I grant the powers stated above voluntarily. I approve lawful acts performed by the attorney-in-fact within the express scope of this authorization.

Place of Execution: [Düzenlenme Yeri]

Date: [Tarih]

Principal’s Full Name: [Vekalet Veren Ad Soyad]

Principal’s Signature: [İmza]

Acceptance by the Attorney-in-Fact

I, [Vekil Ad Soyad / Attorney-in-Fact’s Full Name], accept this appointment and agree to act only within the authority granted by this Power of Attorney.

Date: [Tarih]

Attorney-in-Fact’s Full Name: [Vekil Ad Soyad]

Attorney-in-Fact’s Signature: [İmza]

Witnesses, If Required

Witness 1 — Full Name: [Tanık Ad Soyad], Identification No.: [Kimlik Numarası], Signature: [İmza]

Witness 2 — Full Name: [Tanık Ad Soyad], Identification No.: [Kimlik Numarası], Signature: [İmza]

Notarial Certification, If Required

Notary or Competent Authority: [Noterlik veya Yetkili Makam]

Certification Date and No.: [Onay Tarihi ve Numarası]

Name, Title, Seal and Signature: [Ad Soyad, Unvan, Mühür ve İmza]