

# Power of Attorney for MOHW Childbirth Accident Relief Application

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_ as my trustee (as stated in Article 4 of the Regulations Governing the Childbirth Accident Relief regarding authorized agent and medical care/midwifery institution) to apply for the childbirth accident relief and perform any correction required for the application process on my behalf.

Principal: \_\_\_\_\_ (Please sign and seal)

National ID No.: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**(Please tick the appropriate box)**

Name of entrusted medical care or midwifery institution:

\_\_\_\_\_

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

Superintendent/Director: \_\_\_\_\_ (Please seal)

Corporate  
Seal

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Trustee: \_\_\_\_\_ (Please sign and seal)

National ID No.: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

Note: Principal is the claimant, or his/her legal representative, of the childbirth accident relief as stated in Article 8 of the Childbirth Accident Emergency Relief Act.