Date:

To: The Consular Section,

Embassy of the Republic of Kazakhstan

Power of Attorney

This is to certify that I	,, the undersigned, d	o hereby grant a
limited and specific powe	r of attorney to the representative mentioned	d below to make a
visa application and pick	up my passport after issuance on behalf of m	ne:
Name of Representative:		
Agency:	Asia Trading Co., Ltd.	
Phone:	03-5332-9123	
Address:	1-3-22 Shimoochiai, Shinjuku-ku, Tokyo	
	Signature:	