

Date:            /            /

To: The New National Theatre Foundation

## Power of Attorney

I hereby appoint the below-mentioned person as my agent for full authority in regard to the following matters.

Agent	Address	
	Name	
	Date of birth	(DD/MM/YYYY)
Authorized request	<input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Cessation of use <input type="checkbox"/> Erasure <input type="checkbox"/> Cessation of disclosure to third parties	

Applicant:

Address:

Signature of Applicant: \_\_\_\_\_