

_____ CITY } S.S

SPECIAL POWER OF ATTORNEY

I, _____, of legal age, Filipino, single/married/widow/er and with residence address at _____, do hereby name, constitute and appoint:

Name of Attorney-in-fact

of legal age, Filipino, single/married/widow/er and with residence address at _____, to be my true and lawful attorney-in-fact, and in my name, place and stead, to do and perform the following acts and deeds:

1. To do or **transact business** with Health Wealth International Corporation (HWIC) pertaining to my Dealer No. _____;
2. To claim HWIC check/s (**Weekly & Unilevel commissions**), and purchase under **my name only**.
3. To claim and purchase **SC Plus voucher/s** and receive SC Plus products;
4. To claim and purchase **HealthStore voucher/s** under my name and receive HealthStore products.
5. To issue, use, or **liquidate Acknowledgement Receipt/s (AR)** under my name only.
6. To request for **Annual Sales Maintenance (ASM)** and Account Renewal; and
7. To request and secure **genealogy printout**.

HEREBY GIVING AND GRANTING unto said attorney-in-fact full power and authority to do and perform all acts and deeds requisite and necessary to be done hereunder, and hereby ratifying and conforming all that said attorneys-in-fact shall lawfully do or cause to be done by virtue of this Special Power Attorney.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ in _____ City, Philippines.

With my conformity:

Attorney-in-fact

Principal

SIGNED IN THE PRESENCE OF:

ACKNOWLEDGEMENT

BEFORE ME, A NOTARY PUBLIC for/ in _____ City, this _____ personally appeared the aforementioned person with Passport/CTC No. _____ issued on _____ at _____ Known to me and to me known me to be the same person who executed the foregoing special power of attorney and acknowledgment to me that the same is his/her true and voluntary act and deed.

WITNESS MY HAND AND SEAL the day and place first above-written

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of 2021.