

POWER OF ATTORNEY

I hereby authorize the following person to act as my representative to process the issuance of Police Clearance Certificate (SKCK) on my behalf, including but not limited to: submitting the application, providing required documents, receiving the SKCK, and following up with related authorities.

Representative

Name :
Address :
KTP number :
Telephone Number :
Relationship with Authorizer : Agent representative PT. Solutopia Untuk Nusantara

Authorizer

Name :
Address :
Nationality :
Passport number :
Telephone number :

I affirm that all information provided is true and this letter is made willingly for the proper purpose of authorizing SKCK processing for a foreign national.

[City], _____ 2026

Authorizer,

Representative,

(_____)

(_____)