



TEMPORARY POWER OF ATTORNEY

This Power of Attorney is made on [Date]

BY:

[Full Name of the Donor]

of [Full Address]

Date of Birth: [DOB]

(National Insurance Number: [optional])

(hereinafter referred to as "the Donor")

TO:

Roger Douglas Wallis of "Speak For You"

of 12 Malfield Avenue Redditch B97 6PW

Date of Birth: 22/09/1955

(hereinafter referred to as "the Attorney")

1. Authority Granted

The Donor hereby appoints the Attorney to act on their behalf and in their name to:

This authority is limited to the following matter(s):

To provide intermediary services for the Donor in relation to any financial matter they request the Attorney to perform.

12 Malfield House, Malfield Road, Redditch, B97 6PW

2. Duration of Power

This Power of Attorney shall commence on [Start Date] and shall automatically expire on [End Date] unless earlier revoked in writing by the Donor.

3. Governing Law

This document shall be governed by and construed in accordance with the laws of England and Wales.

4. Revocation

The Donor retains the right to revoke this Power of Attorney at any time prior to the expiry date by providing written notice to the Attorney.

IN WITNESS WHEREOF, the Donor has executed this Power of Attorney as a deed.

SIGNED AS A DEED

By the Donor:

[Donor's Full Name]
Signature: _____
Date: _____

In the presence of:

Witness Name: _____
Witness Address: _____
Occupation: _____
Signature: _____
Date: _____

[Optional Section – Acceptance by Attorney]

I, the above-named Attorney, accept the appointment and agree to act in accordance with the terms of this Power of Attorney.

Signature of Attorney: _____

Date: _____