

Customs Power of Attorney — Foreign Principal

Format based on the standard U.S. Customs and Border Protection Power of Attorney (CBP Form 5291), for principals organized or residing outside the United States

KNOW ALL PERSONS BY THESE PRESENTS: That _____ (Name of Principal), a corporation organized and doing business under the laws of _____ (Country), or a person or persons trading as _____ (Firm Name), residing at _____, and doing business as a _____ (corporation / individual / partnership), hereby constitutes and appoints SRV Global Freight Pvt Ltd, and each of its officers, employees or agents, as true and lawful agent and attorney of the grantor, for and in the name, place, and stead of said grantor, from this date, and in all Customs Ports of the United States, to:

1. Make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet, or other document required by law or regulation in connection with the importation, exportation, transportation, or entry of any merchandise shipped or consigned by or to the grantor;
2. Perform any act or condition which may be required by law or regulation in connection with such merchandise;
3. Receive any merchandise deliverable to the grantor;
4. Make endorsements on bills of lading conferring authority to transfer title;
5. Sign, seal, and deliver, for and as the act of the grantor, any document required in connection with the exportation or transportation of any merchandise; and
6. Generally transact, at any Customhouse in the United States, any business on behalf of the grantor which may lawfully be transacted by an agent and attorney.

This power of attorney is to remain in full force and effect until revocation in writing is duly given to and received by SRV Global Freight Pvt Ltd.

Grantor Details

Name of Company: _____

Country of Incorporation: _____ Registered Address: _____

IRS / EIN No. (if any): _____

IN WITNESS WHEREOF, the undersigned has caused these presents to be sealed and signed:

Signature of Authorised Officer: _____ Title: _____

Witness (if individual): _____ Date: _____