

Power of Attorney

Select the Appropriate Type:

EIN #:	Social So	ecurity Number :	Customs ABI Assigned Number :
KNOW ALL MEN BY THESE PRESI	ENTS:		
That	do	ing business as a	under the laws of the State of
	residing or having a p	rincipal place of business at	
	ey of the grantor for and in	the name, place and stead of sa	, and/or specifically authorized agents, to act for Its behalf as aid grantor, from this date, in the United States (the
			te, bill of lading, carnet or any other documents required by chandise in or through the customs territory, shipped or
Perform any act or condition which merchandise;	may be required by law or	regulation in connection with s	such merchandise deliverable to said grantor; to receive any
			lect drawback; and to make, sign, declare, or swear to any hether such document is intended for filing with Customs;
Make, prepare, declare, transmit or as required by law or regulation wh			andise destined for transport to or through the United States
merchandise or merchandise expor any vessel or other means of conve applicable laws and regulations, co statements in connection with the	rted with or without benefit eyance owned or operated l ensignee's and owner's decl entry of merchandise; Sign	of drawback, or in connection of the said grantor, and any and all arations provided for in section and swear to any document and	on in connection with the entry or withdrawal of imported with the entry, clearance, lading, unlading or navigation of I bonds which may be voluntarily given and accepted under 485, Tariff Act of 1930, as amended, or affidavits or do to perform any act that may be necessary or required by any vessel or other means of conveyance owned or
			o receive, endorse and collect checks issued for Customs dut resident of the United States, to accept service of process or
United States that govern the confi and telephone numbers, revenue as	identiality of customs broke nd customs entry forms and by or affiliated with NNR G	erage data, including but not lind data, with corporations owned lobal Logistics USA Inc., and t	le laws, rules and regulations of countries other than the mited to information concerning points of contact, addresses d by or under common ownership with grantor, with any to their respective employees, agents and representatives, as erein.
And generally, to transact Customs of the territories, in which said grar attorney;	business, including filing ontor is or may be concerned	of claims or protests under section or interested and which may p	ion 514 of the Tariff Act of 1930, or pursuant to other laws properly be transacted or performed by an agent and
			and necessary to be done in the premises as fully as said t and attorney shall lawfully do by virtue of these presents;
			to and received by grantee (if the donor of this power of d States after the expiration 2 years from the dates of its
The NNR Global Logistics USA In incorporated as part of this document	c. Terms and Conditions loo ent and part of every contra	cated at https://www.nnrglobal.cate eact entered into by NNR Globa	.com/download-documents/ are by this reference al Logistics USA Inc.
If the grantor is a Limited Liability C	Company, the signatory cer	tifies that he/she has full author	rity to execute this power on behalf of the Grantor.
IN WITNESS WHEREOF, the said _			caused the presents to be sealed and signed:
(signature)	(name)	(capacity)	(date)
Witness (if required):			

__ Email Address: _

_ Phone: _



Power of Attorney Certification

Individual or Partnership Certification

City: State:	Country: SSN:	
On This day of, 20, p	ersonally appeared before me	
residing at	, personally known or suffic	ciently
identified to me, who certifies that	(is) (are) the indiv	vidual(s) who
executed the foregoing instrument and acknowledge it to be	free act and deed.	
Notary Public:		
Corporate Certification		
corporate certification		
(To be made by an officer of other than the one who executes the Power	of Attorney)	
(To be made by an officer of other than the one who executes the Power	·	
(To be made by an officer of other than the one who executes the Power l, certify that I am the		
(To be made by an officer of other than the one who executes the Power		
(To be made by an officer of other than the one who executes the Power l, certify that I am the	under the laws of the State of	that
I, certify that I am the of, organized	under the laws of the State ofrney on behalf of the donor, is the	
I, certify that I am the of, organized, who signed this power of attor	under the laws of the State of rney on behalf of the donor, is the I corporation; and that said power of attorney was duly signed,	and attested
I, certify that I am the of, organized, who signed this power of attor of said for and in behalf of said corporation by authority of its governing body at	under the laws of the State of rney on behalf of the donor, is the I corporation; and that said power of attorney was duly signed, as the same appears in a resolution of the Board of Directors pa	and attested
(To be made by an officer of other than the one who executes the Power l, certify that I am the of, organized, who signed this power of attom of said for and in behalf of said corporation by authority of its governing body a regular day of	under the laws of the State of	and attested
I, certify that I am the of, organized, who signed this power of attor of said for and in behalf of said corporation by authority of its governing body a regular	under the laws of the State of	and attested
(To be made by an officer of other than the one who executes the Power I, certify that I am the of , organized , who signed this power of attor of said for and in behalf of said corporation by authority of its governing body a regular day of now in my possession or custody. I further certify that the resolution is in incorporation and bylaws of said corporation and was executed in according to the power of the power in the pow	under the laws of the State of	and attested
I, certify that I am the of , who signed this power of attor of said for and in behalf of said corporation by authority of its governing body a regular day of now in my possession or custody. I further certify that the resolution is in incorporation and bylaws of said corporation and was executed in accord of Incorporation.	under the laws of the State of	and attested
I, certify that I am the of, organized, who signed this power of attor of said for and in behalf of said corporation by authority of its governing body a regular day of now in my possession or custody. I further certify that the resolution is in incorporation and bylaws of said corporation and was executed in accord of Incorporation. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the second in the power of the pow	under the laws of the State of	and attested



Individual, Sole Proprietor or Limited Liability Company

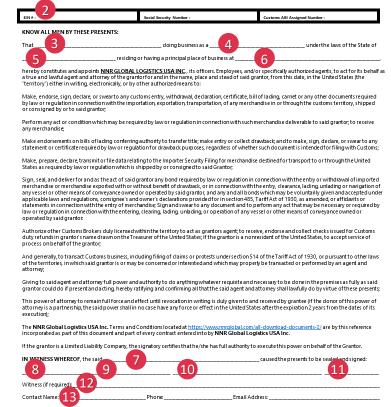
- Check "Individual, Sole Proprietor or Limited Liability Company"
- Type or print clearly your U.S. Internal Revenue Service identification number, Social Security Number, or U.S. Customs assigned Importer Identification Number.
- Type or print clearly the full name of the Individual, Sole Proprietorship or the Limited Liability Company. If applicable, the name under which you are registered to do business. (i.e. dba)
- Type or print clearly whichever applies: "Individual", "Sole Proprietorship" or "Limited Liability Company".
- Type or print clearly the state or province where you conduct business. *Complete for "Sole Proprietors" and "Limited Liability Company's" only.
- Type or print clearly the complete street address as follows: Resident address for an "Individual". Business address for "Sole Proprietorship" or "Limited Liability Company".
- Type or print clearly your full name for an "Individual". For a "Sole Proprietorship" or "Limited Liability Company", type or print clearly the name under which you do business.
- 3. The signature of the Individual, Sole Proprietor, or authorized signatory of the Limited Liability Company.
- Type or print clearly the full name of the person who signed the Power of Attorney.
- 10. Type or print clearly the capacity of the person who signed the Power of Attorney.
- 11. Type or print clearly the date the Power of Attorney was completed.
- 12. It is generally not necessary to have a witness sign.
- Contact Name, Phone Number, and Email Address of Responsible Party

Signature for receipt of NNR Terms & Conditions of Service required

Partnership

- Check "Partnership"
- Type or print clearly your U.S. Internal Revenue Service identification number, Social Security Number, or U.S. Customs assigned Importer Identification Number.
- 3. Type or print clearly the full name legal name of each Partner.
- 4. Type or print clearly "General Partnership" or "Limited Partnership".
- 5. Type or print clearly the state or province of Partnership.
- 6. Type or print clearly the complete street address of the Partnership.
- Type or print clearly the full name of the Partnership. The listing of Partners is not necessary.
- The signature of one Partner who has the authority to bind the Partnership.
- Type or print clearly the full name of the person who signed the Power of Attorney.
- 10. Type or print clearly the capacity of the person who signed the Power of Attorney.
- 11. Type or print clearly the date the Power of Attorney was completed.
- 12. It is generally not necessary to have a witness sign unless your Partnership rules require one.
- 13. Contact Name, Phone Number, and Email Address of Responsible Party





If you are the importer of record, payment to the broker will not relieve you of liability for U.S. Customs charges (duties, taxes or other debts owed Customs) in the event the charges are not paid by the broker. Therefore, if you pay by check Customs charges may be paid with a separate check payable to the "U.S. Customs & Border Protection" which shall be delivered to Customs by the broker. Incorporter who with to utilize this procedure must contact you office in advance to arrange timely receipt of dury check.

For Corporation Use

- 1. Check "Corporation"
- Type or print clearly your U.S. Internal Revenue Service identification number, Social Security Number, or U.S. Customs assigned Importer Identification Number.
- 3. Type or print clearly the full legal name of the Corporation exactly as it appears in your incorporation documents.
- 4. Type or print clearly "Corporation"
- Type or print clearly the state or province where your company is incorporated.
- 6. Type or print clearly the complete street address of the Corporation.
- 7. Type or print clearly the full legal name of the Corporation.
- 8. The signature of an Officer of the Corporation (i.e., President, VP, Secretary/Treasurer, CFO) or of a duly authorized employee*.
- Type or print clearly the full name of the person who signed the Power of Attorney.
- 10. Type or print clearly the capacity of the person who signed the Power of Attorney.
- 11. Type or print clearly the date the Power of Attorney was completed.
- 12. It is generally not necessary to have a witness sign unless your Corporate rules require one.
- 13. Contact Name, Phone Number, and Email Address of Responsible Party

*Duly Authorized Employee - An individual empowered by the employer to execute a U.S. Customs Power of Attorney and so certified by copies of the Empowering Charter of Incorporation or a copy of the minutes of the Board of Directors listing individuals with authority to sign on behalf of the Corporation.



Fill Guide

Individual Certification is optional

Partnership Certification is option, pending conditions:

If the Partner signing the Power of Attorney is a non-resident Corporation, the Corporate Certification must be completed. Please see items 1-10 under Corporation.

Have this section completed by a Notary Public only if the laws where the Power of Attorney is signed, or the Partnerships rules require the form to be notarized.

Otherwise, the certification is optional for Partnerships.

Corporate Certification

The Corporate Certification is required for Foreign Corporations and for U.S. Corporations when someone other than an Officer of the Corporation signs the Power of Attorney.

- 1. Type or print clearly the name of the Officer of the Corporation.
- 2. Type or print clearly the capacity of the Officer shown in item 1.
- 3. Type or print clearly the full legal name of the Corporation.
- 4. Type or print clearly the state or province where your company is incorporated.
- 5. Type or print clearly the name of the person shown in item 8 on the previous page (the signer on the POA).
- 6. Type or print clearly the capacity shown in item 10 on the previous page.
- 7. Type or print clearly the date this certification was completed.
- 8. Type or print clearly the city where this is being completed.
- 9. Type or print clearly the date the Officer signed this certification.
- 10. The signature of the Officer shown in item 13 on the previous page.



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