

Export USPPI Power of Attorney Select the Appropriate Type:

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IRS#:	
Know all men by these presents, that	, the USPPI organized
and doing business under the laws of the State or Country of	and having an
office and place of business at	
hereby authorizes NNR Global Logistics USA Inc. , (Forwarding Agent) its officers, employees, authorized agents to act for and on its behalf as a true and lawful agent and attorney of the U.S. for and in the name, place and stead of the U.S. Principal Party in Interest, from this date, in the writing, electronically, or by other authorized means to:	S. Principal Party in Interest
act as forwarding agent for export control, U.S. Census Bureau reporting and U.S. Customs and purposes. Also, to prepare and transmit any Electronic Export Information (EEI) or other docume be filed by the U.S. Census Bureau, CBP, the Bureau of Industry and Security, or any other U.S. Cenform any other act that may be required by law or regulation in connection with the exportany goods shipped or consigned by or to the USPPI, and to receive or ship any goods on behal	ents or records required to Sovernment agency, and ation or transportation of
The USPPI hereby certifies that all statements and information contained in the documentation forwarding agent and relating to exportation will be true and correct.	provided to the
Furthermore, the USPPI understands that civil and criminal penalties may be imposed for makin statements or for the violation of any United States laws or regulations on exportation.	ng false or fraudulent
The NNR Global Logistics USA Inc. Terms and Conditions located at https://www.nnrglob.documents/ are by this reference incorporated as part of this document and part of every by NNR Global Logistics USA Inc.	val.com/download- y contract entered into
This power of attorney is to remain in full force and effect until revocation in writing is duly giv Party in Interest and received by the Forwarding Agent.	en by the U.S. Principal
IN WITNESS WHEREOF,	caused
these presents to be sealed and signed:	
Witness: Date: Name:	
Title / Capacity:	