1. APPLICATION FOR POWER OF ATTORNEY

Required documents for application:

1. Application form (Encl.)
2. Current Turkish ID.

a. If you are not Turkish citizen, your valid passport must be submitted.

1. 3 photos
2. Turkish ID number (11 digit number) of your proxy
3. Translator with a valid Turkish ID, if the applicant cannot read and write Turkish.
4. Translator can NOT be first degree relatives.
5. Translator does not have to be a sworn translator.

Fees:

Fee of power of attorney may varies according to the context and number of pages.

**General power of attorney : 24.41 $ (10.80 $ for each additional page)**

**Statutory form power of attorney : 38.02 $ (10.80 $ for each additional page)**

Application method:

If the applicant is Turkish citizen/ foreigner, s/he must have an appointment. (By email : consulate.miami@mfa.gov.tr)

Additional information:

Application fee can only be paid in **cash** or **money order** payable to the Turkish Consulate General in Miami. Personal checks are not accepted.

Important Note:

Power of attorney will be valid upon its preparation without any time restrictions as long as the opposite is stated. Original documents must be sent to the proxy.

For power of attorney related to purchase and sells, the proxy cannot be the buyer or the seller.

It is not possible for the Turkish Consulate General to intervene the process and extract information through phone calls. The applicant is obliged to know the context of the power of attorney and provide any necessary information to the consular officer.

If power of attorney is NOT related to any property transactions;

* Prepare your power of attorney in Turkish,
* Have the document notarized from the notary public and then authenticate the notary public by the County Clerk.
* Mail or bring the original documents with **19.16 $** money order/cash and self­-addressed stamped envelope for the return mail

\* If your documents has been authenticated by “APOSTILLE” from the STATE DEPARTMENT, consulate legalization is NOT required due to HAGUE CONVENTION.

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| APPLICANT’S: |
| NAME/SURNAMEFATHER’S/MOTHER’S NAME |  |
| ADDRESS IN THE USA |  |
|  | CITY: | STATE: | ZIP CODE: |
| **PURPOSE OF POWER OF AATTORNEY** |  |
| PHONE IN THE USA | HOME:MOBILE: |
| ADDRESS IN TURKEY (if applicable) |  |
| E-MAIL ADDRESS |  |
| PROXY’S: |
| NAME/SURNAME |  |
| FATHER'S NAME |  |
| DATE OF BIRTH |  |
| TURKISH ID NUMBER |  |

IF PROXY IS A LAWYER:

|  |  |
| --- | --- |
| NAME/SURNAME |  |
| TURKISH ID NUMBER |  |
| BAR OF REGISTRAION |  |

SIGNATURE:

DATE: