Annex 2

Power of Attorney

Company Name：

Entrusting Party： Position：

Phone Number:

1 Entrusted Party 1： Position：

Phone Number： ID Type：

ID Number：:

Entrusted Party 2： Position：

Phone Number： ID Type：

ID Number：

We hereby entrust and to apply for a labor dispatch business license on our behalf and hereby authorize the following:

 □The right to receive notifications from administrative agencies in accordance with the law;

 □The right to sign relevant commitments;

 □The right to represent the applicant to make statements and reply in the administrative license review;

 □The right to sign and receive administrative or supporting documents;

□ 。
The term of entrustment shall be valid from (date) to (date).

Entrusting Party (Signature): Entrusted Party (Signature):

Date: