

SPECIAL POWER OF ATTORNEY

I, _____,
Identity Number/Passport Number: _____,
Residing at: _____,
(hereinafter referred to as the "Principal"),

HEREBY APPOINT AND AUTHORIZE:

- **Ono Hendrik Martins** of MDL Consulting
- **Gerbrand Willemse** of PSG

(hereinafter referred to as the "Agent(s)"), with full power of substitution and delegation, to act as my agents with the following specific powers and authority:

POWERS GRANTED:

The Agent(s) shall have the authority to:

- Investigate, inquire, and conduct searches on my behalf regarding any listed shares, investments, annuities, or policies held in my name or in which I have an interest.
- Request, obtain, and review any documents, statements, or records related to such shares, investments, annuities, or policies from any financial institution, broker, company, or other relevant entity.
- Communicate with and liaise with any financial institutions, stock exchanges, brokers, insurers, or other parties necessary to gather information or conduct investigations related to the aforementioned assets.
- Take all necessary steps to obtain information or clarification regarding the status, value, or details of my shares, investments, annuities, or policies.
- Delegate any of the above powers to a substitute or substitutes, provided such delegation is in writing and the substitute acts within the scope of this Special Power of Attorney.

LIMITATIONS:

This Special Power of Attorney is limited to investigative and search-related activities as described above and does not authorize the Agent(s) to buy, sell, transfer, or otherwise dispose of any shares, investments, annuities, or policies, nor to make any binding decisions or enter into any agreements on my behalf unless expressly authorized in a separate document.

DURATION:

This Power of Attorney shall remain in effect from the date of signature until _____ unless otherwise terminated by law.

INDEMNITY:

I, the Principal, hereby indemnify the Agent(s) against any claims, losses, or liabilities arising from the lawful exercise of the powers granted herein, provided such actions are performed in good faith and within the scope of this authority.

SIGNED at _____ **on this** _____ **day of** _____
the year _____.

Signature of Principal

WITNESSES:

Name: _____

Signature: _____

Address: _____

Name: _____

Signature: _____

Address: _____

ACCEPTANCE BY AGENT(S):

I/We, Ono Hendrik Martins and/or Gerbrand Willemse, hereby accept the appointment as Agent(s) under this Special Power of Attorney and undertake to act in accordance with the authority granted herein.

Signature of Agent

Ono Hendrik Martins

MDL Consulting

Date: _____

Signature of Agent

Gerbrand Willemse

PSG

Date: _____