



Transworld Logistics Group, Inc.  
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**POWER OF ATTORNEY  
EXPORTER (U.S. PRINCIPAL PARTY IN INTEREST)/FORWARDING AGENT**

**Know all men by these presents,** That \_\_\_\_\_, the (USPPI)  
(Name of U.S. Principal Party in Interest (USPPI))  
organized and doing business under the laws of the State or Country of \_\_\_\_\_  
and having an office and place of business at \_\_\_\_\_  
(Address of USPPI)

hereby authorizes **Transworld Logistics Group, Inc.**, the (Forwarding Agent)  
of **242 Old New Brunswick Road – Suite 411, Piscataway, NJ 08854 USA**

to act for and on its behalf as a true and lawful agent and attorney of the U.S. Principal Party in Interest  
for and in the name, place and stead of the U.S. Principal Party in Interest, from this date, in the United  
States either in writing, electronically, or by other authorized means to:

Act as Forwarding Agent for Export Control, Census Reporting and Customs purposes. Make,  
endorse or sign any Shipper’s Export Declaration or other documents or to perform any act which may  
be required by law or regulation in connection with the exportation or transportation of any  
merchandise shipped or consigned by or to the U.S. Principal Party in Interest and to receive or ship  
any merchandise on behalf of the U.S. Principal Party in Interest.

The U.S. Principal Party in Interest hereby certifies that all statements and information contained in the  
documentation provided to the Forwarding Agent relating to exportation are true and correct.  
Furthermore, the U.S. Principal Party in Interest understands that civil and criminal penalties, may be  
imposed for making false or fraudulent statements or for the violation of any United States laws or  
regulations on exportation.

This power of attorney is to remain in full force and effect until revocation in writing is duly given by the  
U.S. Principal Party in Interest and received by the Forwarding Agent.

USPPI’s Federal ID No. (EIN No.):\_\_ - \_\_ - \_\_\_\_\_

**IN WITNESS WHEREOF,** \_\_\_\_\_ caused these  
(Full Name of USPPI/USPPI Company)

presents to be sealed and signed:

Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Seal:

Date: \_\_\_\_\_

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