



Power of Attorney (POA) Form

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form 02.

Application No Date(DD/MM/YYYY)

Name of CDBL Participant (Up to 99 Characters) CDBL Participant ID
3 7 2 0 0

Account holder's BO ID 1 2 0 3 7 2 0 0

Name of Account Holder (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)

Power Of Attorney Holder's Details

Name in Full

Short Name of Power of Account Holder (Insert full name starting with Title i.e.Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters) Title i.e. Mr. / Mrs.

National ID Card/Passport No Issue Place Issue Date Expiry Date

1. Power of Attorney Holder's Contact Details

Address

City..... Post CodeState/Division CountryTelephone

Mobile Phone Fax E- mail

2. Power of Attorney Holder's Passport Details

National ID Card/Passport No Issue Place Issue Date Expiry Date

3. Other Information of Power of Attorney Holder

Residency : Resident Non Resident Nationality Date of Birth (DDMMYYYY)

Power of Attorney Effective From To
 D D M M Y Y Y Y D D M M Y Y Y Y

Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.):

4. Photograph of Power of Attorney Holder

Please paste
recent passport
size Photograph

(POA Holder)

5. DECLARATION

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts, I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants/Authorized signatories in case of Ltd Co.	Signature with date
POA Holder		
First Applicant		
Second Applicant		
3rd Signatory (Ltd Co. only)		