

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 (DDMMYYYY)

Name of CDBL Participant (Up to 99 Characters)	CDBL Participant ID
Account holder's BO ID <input type="checkbox"/>	
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 Attorney Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)
Title i.e. Mr/Mrs

1. Power of Attorney Holder's Contact Details:

Address					
City.....	Post Code.....	State / Division	Country.....	Telephone.....	
Mobile Phone.....	Fax.....	E-mail.....			

2. Power of Attorney Holder's Passport Details

Passport No.....	Issue Place.....	Issue Date.....	Expiry Date.....
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3. Others Information of Power of Attorney Holder

Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality..... Date Of Birth (DDMMYYYY)
Power of Attorney Effective From
To

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
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(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		
3 rd Signatory (Ltd Co. only)		