CDBL Bye Laws Form 20

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)		
Name of CDDL Familipant (Op to 95 Characters)	CDBL Participant ID	
Account holder's BO ID		
Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30	O 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, abbreviat	te only if over 30 characters) Title i.e. Mr/Mrs	
1. Power of Attorney Holder's Contact Details:		
Address		
City		
Mobile PhoneFaxE-mail		
O. Davida of Attack Halifolds David Attack		
2. Power of Attorney Holder's Passport Details		
Passport No	Evoiry Date	
rassport No		
2. Others Information of Device of Attenness Holden		
3. Others Information of Power of Attorney Holder		
Residency: Resident Non Resident Nationality	th (DDMMAVVVV)	
Residency: Resident Non Resident Nationality	III (DDMMYYYY)	
Power of Attorney Effective From DDMMYYYYY DDMMYYYYY		
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

CDBL Bye Laws

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)		

Form revision date: 03/08/2004

Form 20