

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, \_\_\_\_\_ S/D/o S. \_\_\_\_\_, having Passport No. \_\_\_\_\_ of Vill. \_\_\_\_\_, Tehsil \_\_\_\_\_ District \_\_\_\_\_, Punjab, India at present residing at \_\_\_\_\_ do hereby appoint, nominate and constitute S. \_\_\_\_\_ S/o S. \_\_\_\_\_ R/o \_\_\_\_\_, Punjab, India, as my lawful attorney.

WHEREAS, I have property/properties situated in Vill. \_\_\_\_\_, Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_, Punjab, India. I being not residing in India, unable to look after/manage the said property/properties or any where else and also unable to pursue the matter/case(s) personally and hence I do hereby appoint, nominate and constitute S. \_\_\_\_\_, as my lawful attorney to do the following acts, deeds and things for myself and on my behalf, jointly or severely: -

1. To institute, commence, proceedings, civil, criminal, revenue and to sign the plaints, applications, appeals, revisions, review application, petition, affidavit, written statement or any other applications, petitions/documents concerned with the matter and appear, make statement, produce evidence and do all act, on my behalf and to engage counsel/counsels thereof. Similarly, to defend any proceedings civil, criminal, revenue, or on my behalf, sign written statements, give affidavit, to make applications, appeals, revisions etc. and to engage the counsel thereof.
2. That my attorney is authorized to sign all the documents w.r.t. the said purposes. My attorneys also authorized to sign all the concerned documents and to appear before officers, officials, court/courts w.r.t. said purposes.
3. To make statements in the court and to sign all the concerned documents w.r.t. litigations, on my behalf.
4. To appoint, substitute attorney special or general with respect to the powers given hereunder this Power of Attorney.
5. To compromise the matter and to make statement to admit the claim, partly/wholly and to sign compromise deed and present the same in court/courts and get the case/case decided.
6. Generally, to do all acts and omission whatsoever for me or on my behalf, which have not specifically provided here to before, I do hereby agree and ratify for same as my lawful attorneys do, as if I was personally present.

In witness whereof this Power of Attorney is executed on this \_\_\_\_\_ day of \_\_\_\_\_  
2008, in the presence of witnesses.

Executant

**Witnesses**

- 1.
- 2.

**EMBOSSING:-**

**As per Pb. Govt. the following requirements to be fulfilled for the embossing of documents executed out of India:-**

- 1. Full address of the executant.**
- 2. Full address of the person in whose favour the documents are to be executed.**
- 3. The place of property or the place where the powers to be delegated through that document, are to be exercised.**
- 4. Clear date should be mentioned in the document at the time of its execution.**
- 5. The document should be duly signed by the executant and witnessed by two person giving their full addresses. This should also be attested by the Notary Public with seal.**
- 6. The paper on which the document is executed should be of the same country in which it is executed.**
- 7. The document to be embossed would be original and not its photocopy.**
- 8. The document should be got embossed within three months of the date of execution at the headquarters or from the office of the commissioner of the divisions.**
- 9. The executant must mention his passport number in the document and affix his photograph on the relevant document duly attested by the authority from whom the document is got attested.**
- 10. The document should be accompanied with a copy of the passport of the executant upto date duly attested.**
- 11. In addition to 9 and 10 above the special power of attorney and general power of attorney must be got counter-signed from the office of the Indian High Commissioner or the Embassy of India in that country where it was executed with proper identification and verification by authorized officer before it is presented for embossing to prevent forgery.**