

**Stamp Duty to be applicable as per relevant State stamp act**

**SPECIFIC POWER OF ATTORNEY**

This **DEED OF SPECIFIC POWER OF ATTORNEY** executed on this ..... day of ....., 20.....

**BETWEEN:** M/s. ...., bearing its **CIN** : .....,  
having its registered office at .....,  
hereinafter referred to as the **PRINCIPAL** on the ONE PART represented by Mr/Ms. Mrs. ....  
..., Director of the Company;

**AND:** Mr./Ms. .... S/o. D/o, Mr. ...., aged about .....  
years, residing at ..... hereinafter referred to as the  
**ATTORNEY IN FACT** on the OTHER PART;

**NOW THIS SPECIFIC POWER OF ATTORNEY WITNESSETH AS FOLLOWS:**

- i. The said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on the company's behalf:
  - 1. ....
  - 2. ....
  - 3. ....
- ii. The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.
- iii. My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.
- iv. This power of attorney is effective upon execution and may be revoked by the company at any time if any of the aforementioned activities are not performed by the attorney.

Signed this ..... day of ....., 20.....

\_\_\_\_\_  
.....

**For {Enter FULL COMPANY NAME}**

\_\_\_\_\_  
.....

**Managing Director/Director/CEO/Partner/Proprietor**

I Agree and accept to the above

\_\_\_\_\_  
**(Signature of Attorney)**

IN WITNESS WHEREOF, this deed has been executed by the Parties hereto the day, month and year hereinabove mentioned.

**WITNESS:**

\_\_\_\_\_

1) .....

Age:

Add:

Occ:

\_\_\_\_\_

2) .....

Age:

Add:

Occ: