SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS; this Special Power of Attorney is made on \_\_\_\_\_\_ day of **\_\_\_\_\_\_\_\_\_\_\_\_ 2018.**

That I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_s/o,d/o,w/o**,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for purchasing of plot in **Capital Smart City** do hereby appoint, make and constitute **Mr/Mrs/Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_s/o,d/o,w/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** my special attorney in my name and on my behalf to do or execute all or any of the following acts or things in connection with said plot and in particular.

a. To purchase plot on my name and sign and execute all necessary documents in this regard.

b. To deposit and sign application for NDC.

c. To deposit all dues, expenses, membership fee etc and obtain receipt.

1. To appear before designated Transfer & Record Officer and sign transfer documents/transfer register on behalf of me.
2. To collect membership letter, allotment certificate etc on my behalf after payment of required fee.

I hereby agree that all acts, deeds and things lawfully done by the said Special Power of Attorney shall be construed as acts, deeds and things done by me and I undertake to rectify and confirm all and whatsoever my said attorney shall lawfully done for me by virtue of powers hereby given.

**Attorney Executant**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **CNIC No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thumb Impression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thumb Impression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **WITNESSES**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**