Revocation of Power of Attorney

I revoke the power of attorney described below with immediate effect.

Declarant

FULL NAME

FATHER'S OR SPOUSE'S NAME

DATE OF BIRTH

PAN

PHONE

ADDRESS

Note: Under the First Schedule of the Information Technology Act, 2000, some documents (such as powers of attorney, trusts, wills and contracts for sale of immovable property) may need a handwritten signature, stamping or registration to be enforceable. Check local requirements before relying on an electronic signature.

Power of attorney revoked

DATE OF ORIGINAL POWER

ATTORNEY NAME

REGISTERED

REGISTRATION NUMBER AND OFFICE (IF REGISTERED)

Declaration

1. I revoke the power of attorney above in full.
2. The Attorney must stop acting under it and return the original and all documents.
3. I will notify banks and others who were relying on it.

☐ I solemnly declare that the above is true and correct to the best of my knowledge and belief, and nothing material has been concealed. I understand that a false declaration may lead to action under law.

PLACE

Note: this is a self-declaration. If an authority asks for a sworn affidavit, print it on stamp paper and sign it before a notary or oath commissioner.

Declarant

SIGNATURE

PRINTED NAME

DATE

Witness 1

SIGNATURE

PRINTED NAME

DATE