

POWER OF ATTORNEY

Executor:

| | |
|-----------------------------------|-------------------------------------|
| Name <input type="text"/> | Father Name <input type="text"/> |
| CNIC/POC <input type="text"/> | Passport # <input type="text"/> |
| Contact # <input type="text"/> | Diary No. <input type="text"/> |
| Address <input type="text"/> | |

Attorney

| | |
|-----------------------------------|-------------------------------------|
| Name <input type="text"/> | Father Name <input type="text"/> |
| CNIC/POC <input type="text"/> | Passport # <input type="text"/> |
| Contact # <input type="text"/> | Address <input type="text"/> |