SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS Special Power of Attorney is made on \_\_\_\_\_\_ day of **\_\_\_\_\_\_\_\_\_\_\_\_ 2023.**

That **I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o,D/o,W/o,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R/O.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** have booked a plot measuring\_\_\_\_\_\_Sq. Yard under membership No. \_\_\_\_\_\_\_\_\_\_\_\_ in Capital Smart City, a project/society of M/S Future Development Holdings Private Limited. That I ordinarily reside in (**insert full address here**), and unable to attend the FDHL/CSC office in Islamabad & I also do not have a Bank Account in Pakistan, Therefore I hereby appoint/constitute.

**Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R/O.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** as 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.

1. To apply for the refund of file/membership
2. To get issued the cheque of refund amount in his own name
3. To collect the cheque of refund amount from the office of FDHL
4. To withdraw/encash the cheque of refund amount
5. To correspond all the relating matters with FDHL/CSC
6. To sign any document in this regard on my behalf

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 Holder: Executant:**

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

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

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

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

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

##### **WITNESSES**

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

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

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