

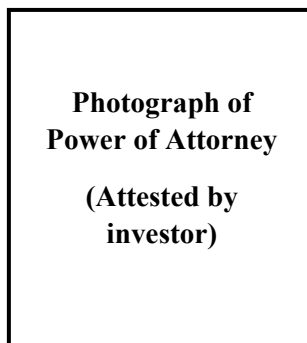
VIPB Accelerated Income Unit

Power of Attorney (POA) Form

Name of Investor _____

Registered Folio No _____

Investors BO ID _____



Power of Attorney Holder's Details:

Name in full _____

NID No. _____

Residency: Resident _____ Non-resident _____ Nationality _____

Date of birth ___/___/___ Power of Attorney Effective from ___/___/___ to ___/___/___

Passport No. _____ Issue Place _____

Issue Date _____ Expiry Date _____

Power of Attorney Holder's Contact Details:

Address _____

City _____ Post Code _____ Division _____ Country _____

Telephone _____ Mobile _____ Fax _____

Email _____

Power of Attorney Holder's Signature _____

Declaration:

I declare that the particulars given by me are true to the best of my knowledge as on the date of making such application.

Signature of Applicants