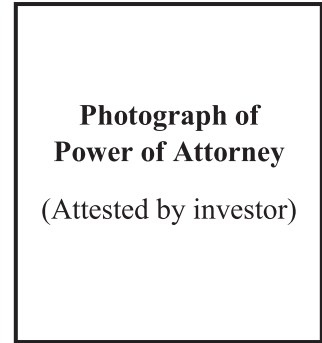


VIPB SEBL 1ST UNIT FUND
Power of Attorney (POA) Form

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 Applicant(s)