

15

**FORM OF POWER OF ATTORNEY TO BE EXECUTED BY NRI PENSIONERS**

To be filled by the pensioner and given to the PDA

KNOW all men by these presents that I (a) .....  
..... (Full Name, Personal No. and rank of the pensioner)  
do hereby appoint (b) .....(Name of the  
Scheduled Bank). AS MY TRUE AND LAWFUL ATTORNEY AND  
authorise the said attorney to do all things, acts, deeds that may be  
necessary or are usual to receive from the (c) .....  
(Name of the Pension Disbursing Officer) the pension payments etc.  
due to me as authorised by the Pr. Controller of Defence Accounts  
(Pensions)/CDA (Navy)/DCDA (AF) and to give receipts for the  
same and credit the same to my account.

And I do hereby agree to ratify all acts ,deeds and things done or  
made by my said attorney which shall be deemed to be done and  
made by me personally and shall be binding on me with force and  
effect. This Power of Attorney shall be and remain in full force and  
effect until due notice in writing of its revocation shall have been  
given to the Pr. CDA(Pensions).

IN WITNESS WHEREOF THE said (d) .....  
(Name of the pensioner) has set his/her hand and seal this..... day  
of .....SIGNED SEALED AND DELIVERED by the said (d)  
..... (Name of the pensioner)  
in the presence of..... (Executant of Power of Attorney)

**Authority:** Para 13.3 of PPI 1973(Edition).