

**DECLARATION**

I ..... Submitted The Document  
By the Title of **LEAVE AND LICENSE** in the Sub registrar  
**Haveli** for the registration. With Respect to the Power Of  
Attorney Given By ..... Dated  
...../...../..... hereby declare that the information  
provided above is true and correct to the best of my  
personal knowledge, information and belief. I fully  
understand the consequences of giving false information. If  
the information is found to be false, I shall be liable for  
prosecution and punishment under Indian Penal Code  
1908 under Section 82 or any other law applicable  
thereto.

**Date:** .... / .... / .....

Signature

Power of Attorney Holder Name

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