

TO BE STAMPED AS PER APPLICABLE STAMP DUTY

### POWER OF ATTORNEY

This POWER OF ATTORNEY, granted at \_\_\_\_\_(Location, City, State, Pin Code) this \_\_\_\_\_(DD) day of \_\_\_\_\_(Month) \_\_\_\_\_(YYYY), by \_\_\_\_\_(Name of the Grantor), residing at \_\_\_\_\_(Complete Address of the Grantor) hereafter referred to as the "Grantor", (which expression shall include his heirs, executors, and legal representatives) in favour of \_\_\_\_\_(Name of the Grantee) residing at (Complete Address of the Grantee) hereinafter referred to as the "Grantee" (which expression shall include his heirs, executors, and legal representatives).

### WHEREAS

1. The Grantor is the single hirer of the locker number \_\_\_\_\_ held with ICICI Bank Limited ("Locker"), particulars of which are given in schedule I hereto.
2. The Grantor is desirous of delegating to the Grantee certain powers in respect of the Locker and is, therefore, executing these presents.

NOW THIS POWER OF ATTORNEY witnesses, that the Grantor hereby delegates to the Grantee the following powers in respect of the Locker, namely,

- 1.
- 2.
- 3.

The Grantee shall, however, while acting under this Power of Attorney, ensure that the Grantee acts in accordance with the laws, regulations, and instructions or directions that may be issued from time to time by Reserve Bank of India, the Government of India or any other body.

The Grantor hereby agrees and undertakes to ratify and confirm all acts that may be done by the Grantee pursuant to this Power of Attorney.

I undertake to keep ICICI Bank indemnified at all times from and against any loss, damage, harm suffered by / caused to it as a result of relying upon this power of attorney including any expense incurred by ICICI Bank as legal costs in defending any claims / disputes against the Bank arising out of the same.

To give effect to the above I hereby execute this power of attorney on \_\_\_\_\_(date) in \_\_\_\_\_(city)."

**SCHEDULE**

**Attached to Power of Attorney dated .....  
Particulars of Account**

TYPE OF A/C : LOCKER

LOCKER NO. :

NAME OF GRANTEE :

ADDRESS OF GRANTEE :

SIGNATURE GRANTEE :

NAME OF GRANTOR :

ADDRESS OF GRANTOR :

DATED :

SIGNED AND DELIVERED BY: .....  
(SIGNATURE OF GRANTOR)

herein in the presence of

**WITNESSES:**

1. NAME & ADDRESS SIGNATURE

2. NAME & ADDRESS SIGNATURE