

## Ventura Asset Management Company Limited POWER OF ATTORNEY (POA) FORM

Asset Manager: Ventura Asset Management Company Limited (Please read "Terms and Conditions" on reverse carefully)
(PLEASE FILL UP THE FORM IN BLOCK LETTERS)

## **Ventura AMCL Balanced Fund**

Account Holder's Details		
Name		
Registered Fo	lio No	
Unit Certificat	e No	Power of Attorney
BO ID No		(Attested by A/c Holder)
Power of At	orney Holder's Details	
Name		
NID No		
Date of Birth	DD / MM / YYYY Power of Attorney Effective from DD / MM / YYYY to	DD / MM / YYYY
Residency	Resident Non-resident Nationality	
Passport No.	Issue Place	
Issue Date	DD / MM / YYYY Expiry Date DD /	MM / YYYY
Power of Attorney Holder's Contact Details		
Address		
City	Postal Code	
Division	Country	
Mobile No.	Telephone	
Email		
Power of Attorney Holder's Signature		
Date of Application		
<b>Declaration</b>		
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 Application(s)		