

## High Commission for the People's Republic of Bangladesh, Canada

350 Sparks Street, Suit: 1100, Ottawa, ON, K1R 7S8, Canada Canada Tel: (613)-236-0138, Fax: (613)-567-3213

Email: mission.ottawa@mofa.gov.bd, Web: http://www.bdhcottawa.ca

## **APPLICATION FOR POWER OF ATTORNEY (POA)**

**Service Priority: Ordinary** Urgent Other (Specify): \_\_\_\_

Please attach 1 copy of 40 mm x 50 mm photograph taken within the last six months

Please Complete All Items or Write "N/A" (Not Applicable) If Needed Please Type in Bold Letters

1. Name:									
2. Nationality:					3. Profession:				
4. Date of Birth:			[ DD-MM-Y	YYY] 5. Place	of Birth:				
6. Sex: Male	Female	Other 7	7. Marital Status:	Single	Married	Widow/Wid	dower	Divorced	
8. Name of Mother/Father/Spouse :					Nationality	:			
9. Present Address:									
House/Apt:Street:			C	Province:					
Postal Code:	7	Tel: Ema			il:				
Social Media ID ( Faceb	ook, Youtube,	Others ) If y	ou do not have ar	y social medi	ia ID, please w	rite 'Not Appli	cable':		
10. Permanent Addres	ss:								
Village/Area/Road:				Post C	Post Office:				
Thana/Upazila:	nana/Upazila: District:			Tel (if any):					
11. Proof of Current R	esidency and	Legal Status	in Canada:	Citizen	PR				
Canadian Passport No:			Date of Expiry:				[DD-MM-YYYY]		
PR Number:									
12. Particulars of Bang	gladesh Passp	ort and Birt	h Registration (BR	):					
Passport No:	P	Place of Issue	e:	Date	e of Issue:		[DD-N	/M-YYYY]	
Date of Expiry:	[DD-	MM-YYYY]	BR Number:						
Place of Birth:  13. Type of POA:									
Land/Property/Apa	artment Ca	se Related	Divorce Related	Bank Depos	it/Sanchaypatra	Related Oth	er (Specify i	in Section 14)	
14. Other ( Specify in	Detail Here ):								

15. Purpose of the POA (Specify Why You Need for POA [i:e. Selling, Buying, Owning, Transfer]):



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## 16. Details of the Property: Please Enclose Ownership Documents (Dalil) of the Property. (Mandatory)

1. Land	2. Apartment						
17. If Land Please Provide	:						
a. District:	b. Upazilla: _		c. Mouza:				
d. Dagh:	e. Khatian: <sub>_</sub>		f. Class/Type of Land:				
g. Size of Land:	h. Approxim	ate Value of the Land:					
18. If Apartment Please Pi	rovide:						
a. District:	b. Upazilla/Municipal	ity/City Corporation:	c. Road No:				
d. House No:	d. Apartment Number:	e. Approx	ximate Value in Total:				
19. Details of the Nomine	e(s):						
Name:							
Relation with the Executor	:	Passport or NID:					
Expiry Date of Passport:	[DD-MN	1-YYYY] BR Number:					
Place of Birth:	Phone:		Email:				
Address:							
20. Method of Payment:  Bank Draft / Money Order	No/ Receipt No:		Date: [DD-MM-YYYY]:				
			ount (C\$ :				
	on given in this application		rmation provided in the Form will render myself				
Date:	Place:		Signature of the Applicant				
Office Use Only:							
Remarks:							
Serial No:	Passport No:	BR No:					
Amount (C\$):	Receipt	No:					
Signature of the issuing Of	ficer:	Nate:					

Note: Copies of all documents mentioned in the form must be submitted.