POWER OF ATTORNEY

(by partnership firm/ Proprietorship firm)

THIS POWER OF ATTORNEY, granted at _____ this _____ day of _____, Two thousand and _____ by_____ (*name of the Firm*), a partnership firm / proprietorship firm having its offices at _____ (herein after referred to as the "Accountholder", which expression shall, unless the same be repugnant to the context or meaning thereof, mean and include its successors and assigns) **in favour of**

_____ , _____ , (*name and address of the attorney*) (hereinafter referred to as "Authorised User", which expression shall, unless the same be repugnant to the context or meaning thereof, mean and include its successors and permitted assigns)

WHEREAS

1) The Accountholder has a bank account with Axis Bank Ltd. At_____ , particulars of which account are given in Schedule I hereto and which is hereinafter referred to as "the said Account".

2) For the purposes of operation of the said Account through online channel / TFConnect and for facilitating the transactions to be entered through the Online channel / TFConnect (online Trade Portal) offered by Axis Bank on my/our behalf, I/we am/are desirous of appointing the Authorised User) as our true and lawful attorney for and on our behalf and at our costs, risks and consequences to do, execute and perform all or any of the following acts, deeds, matters and things and is therefore, executing these presents.

NOW THIS POWER OF ATTORNEY witness, that the Accountholder hereby delegates to the Authorised User the following powers in respect of the said Account, namely,

1. To operate, block and/or debit the said Account through online Channel/TF connect and to avail for and obtain login ID and password for transacting through Online Channel/TF connect and we hereby acknowledge and hold ourselves liable thereon in the same way as if it is executed by me/us.
2. To initiate/undertake current account transaction /trade transactions like Issuance of Letters of Credit, Bank Guarantee's, Bills, Remittances, online forward contract confirmations and any other product / trade products offered by the Bank from the Accountholder's said Account through online Channel/TF connect. The amount of the transaction may be decided, quantified and mutually agreed between the Accountholder and the Authorised User from time to time and notified to Axis Bank.
3. To do all such acts, deeds and things as may be necessary for or incidental in respect of the aforesaid.

We confirm and agree that we shall not, till such time the Power of Attorney is in force, contest or claim any damages or loss from the Bank in allowing the Authorised User to carry out the acts as mentioned hereinabove.

We further confirm that we shall inform the Bank in writing prior to the withdrawal/cancellation of the authority of the Authorised User and the Bank shall stand indemnified if no such notice is served on the Bank and by virtue of that reason, if the Bank allows the Authorised User to access/avail the TF connect facility on my/our behalf in our said Account.

We hereby undertakes to ratify and confirm all and any acts the Authorised User does or causes to do on the basis of this Power of Attorney, including the transactions effected through the online channel / TFConnect service of Axis Bank.

In consideration of Axis Bank Ltd. agreeing for the above arrangement at my/our request, we and the Authorised User along with our successors and assigns undertake and agree to indemnify the Bank and its successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by the Bank by reason of or in consequence of the Bank having agreed to allow the Authorised user for viewing of our account details and transacting in our account through the TFConnect facility.

This power of attorney is continuing one until we give the notice contrary to Axis Bank Ltd in writing.

Dated:

Signed and Delivered by:
1)
2)
3)
4)

(Signature of the all the Partners / Proprietor)

herein in the presence of
WITNESS

1. Name and Address **Signature**

2. Name and Address **Signature**

SCHEDULE I

Attached to Power of Attorney dated _____

Particulars of Account

Type of A/c:

Account No. :

Name of the Authorised User:

Address of the Authorised User:

Signature of the Authorised User:

Name of the Accountholder:

Name of all Partners:

Address of the Accountholder: