**Power of Attorney (Vakalath)**

(**Transportation of Mortal Remains to India**)

 We the following Legal Heirs of the deceased Know all men by these presents that we:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Name | ID/Adhar Card No | Relation with deceased | Age |
| 1 |  |  | **Father** |  |
| 2 |  |  | **Mother** |  |
| 3 |  |  | **Wife** |  |
| 4 |  |  | **Son** |  |
| 5 |  |  | **Daughter** |  |

 Permanently residing at **Vill : ........., Tq: ........, Dist: ........, Pin Code: ......., State: .........,** do hereby execute in the state of mind and sound senses without any force from any side or person to the affect that late Mr.**.....................**, holder of Indian Passport No. **............** and local ID no. **..................**, who was working under the sponsorship of **......................................** died on: **.....................** at **............**, Saudi Arabia ,as a result of **..........................**.

 We are unable to visit Saudi Arabia to claim the mortal remains personally, therefore we do hereby authorize Mr**.........................** with Passport No. **........... /** Local ID no. **...............**, Mobile No. **...................**, as our **attorney/Vakil** to do the following acts deeds and things on our behalf:

1. To represent us before the concerned local/Government offices/departments and Indian Missions in Saudi Arabia to collect the dead body of deceased and all relevant death related documents and attend to complete the formalities of **transportation of Mortal Remains to India**.

2. To collect the belongings of the deceased and send to the legal heirs of the deceased in India.

3. We do hereby confirm and declare that all the acts and things done or caused to be done by our said attorney/vakil in connection with the above said matter shall be deemed fit and proper on behalf of us.

 We do hereby confirm and declare that all the facts and things stated above are true and correct to the best of our knowledge and belief. In witness whereof we have executed this power of attorney on : **.................** at : **...........................,** India.

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| **Witness: Names and Signatures** | **Executants: Names and Signatures** |
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