|  |  |
| --- | --- |
| **Form LRA-5** | **(r. 17)** |

**REPUBLIC OF KENYA**

**THE LAND REGISTRATION ACT**

**THE LAND REGISTRATION (GENERAL) REGULATIONS, 2017**

|  |  |
| --- | --- |
| Date Received Presentation Book | Official Fees PaidReceipt ……………… |
| No………………… Kshs. | No.……… |
|  |  |

**GENERAL POWER OF ATTORNEY**

**TITLE NUMBER:……………………………………………..**

**Date** **of**

**Instrument**

**Registered** **\***

**Proprietor/Do**

**nor**

**The Donee:**

**Name:…………………………………………**

**Registration No.( if applicable)……………………….**

**Postal Address:……………………………………..**

**Address for Service:…………………………………….**

**Tel. No:……………………………………………..**

**Email address:…………………………………………..**

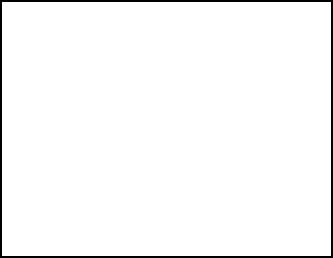
The Donor HEREBY **APPOINT(S)** the Donee to be the Attorney of the Donor and generally in relation to the Donor’s interest in the above-mentioned Title to do anything and everything that the Donor could do, and for the Donor and in the name of the Donor to execute all such instruments and to do all such acts, matters and things as may be necessary or expedient for carrying out the powers hereby given.

**SIGNED** as a Deed by the Donor ………….... day of .……………20…...

**EXECUTION**

**IN WITNESS WHEREOF** this power of Attorney has been duly executedthis........................…. day of………………..20…………….

**SIGNED and SEALED** by the



Donor in the presence o

Passport size

Coloured

Photograph

ID/Passport No……………..

PIN No………………………..

**ADVOCATE**

Signature and seal………………

**Certificate of Verification**

1. **CERTIFY** that the above-named **…………………………………..**

appeared before me on the ………………. day of ……..………. 20………. and being known to me/being identified by\*……………………….. of

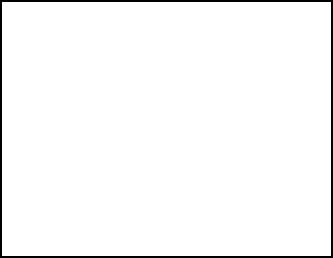
………………………… acknowledge the above signatures or marks to be his/hers/theirs and that he/she/they had freely and voluntarily executed this instrument and understood its contents.

………………………………………

Signature and Designation of

Person Certifying\*\*

**SIGNED and SEALED** by theDonee in the presence o



Passport size

Coloured

Photograph

ID/Passport No……………..

PIN No………………………..

Signature and seal………………

**ADVOCATE**

**Certificate of Verification**

1. **CERTIFY** that the above-named **…………………………………..**

appeared before me on the …………… day of ……..……… 20……….and being known to me/being identified by\*………………………………….. of

………………………… acknowledge the above signatures or marks to be his/hers/theirs and that he/she/they had freely and voluntarily executed this instrument and understood its contents.

………………………………………

Signature and Designation of

Person Certifying\*\*

**REGISTERED** in the Register of Powers of Attorney as No........................ this

…………………................... day of …………………............. 20…….

**SIGNED:**

**LAND REGISTRAR**

Seal………………………………………………….

Name:…………………………… Registrar’s Stamp / No…………………

Signature: …………………………………………..

**Drawn By:**

Notes:

* indicate: Name; I.D/Passport No./PIN. If corporate body, provide registration details.