|  |  |
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| **Form LRA 6** | **(r. 18)** |

**REPUBLIC OF KENYA**

**THE LAND REGISTRATION ACT**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received | Presentation Book | Official Fees Paid | Receipt No. |  |
| ……………… | No……………… | Kshs. | ………….. |  |
|  |  |  |  |  |
|  |  |  | **SPECIFIC POWER OF ATTORNEY** |  |
|  |  | **TITLE NUMBER:……………………………………………..** |  |
|  |  |  |  |  |  |
|  | **Date of Instrument** |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Registered** |  | **\*** |  |  |  |
|  | **Proprietor/Donor** |  |  |  |  |
|  | **The Donee:** |  | **Name:………………………………………………………………..** |  |
|  |  |  | **Registration No.( if applicable)………………..................................** |  |
|  |  |  | **Postal Address:…………………………………. ………………….** |  |
|  |  |  | **Address for Service:………………………………………………..** |  |
|  |  |  | **Tel. No:……………………………………………………………….** |  |
|  |  |  | **Email address:……………………………………………………….** |  |
|  |  |  |  |
|  | **Power limited to the** | Donee has power to do the following specific acts in the name of the |  |
|  | **following** |  | Donor:\*\* |  |  |  |
|  |  |  | ………………………………………………………………………… |  |
|  |  |  | ………………………………………………………………………… |  |
|  |  |  | ……………………………………………………………………….. |  |
|  |  |  | ……………………………………………………………………… |  |
|  |  |  |  |  |  |  |

The Donor **HEREBY APPOINT(S)** the Donee to be the attorney of the Donor and to perform the specific acts noted above in relation to the Donor’s interest in the above-mentioned Title and within this scope 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 of



Passport size

Coloured photograph

ID/Passport No………………………………….

PIN No…………………………………………

Signature and seal……………………………..

**ADVOCATE**

**Certificate of Verification**

**I 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 the Donee |  |  |  |
|  |  | in | the | presence | o |  |  |  |
|  |  |  |  |  |  |  | Passport size |  |
|  |  |  |  |  |  |  | Coloured |  |
|  |  |  |  |  |  |  | Photograph |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ID/Passport No……………………………….. |
|  |  |  |  |  |  | PIN No………………………………………… |
|  |  |  |  |  |  | Signature and seal………………………………. |
|  |  | **ADVOCATE** |  |  |  |  |  |



**Certificate of Verification**

**I 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.
* Give specific details of the powers donated to the Donee.