

REPUBLIC OF KENYA

THE LAND REGISTRATION ACT

THE LAND REGISTRATION (GENERAL) REGULATIONS, 2017

Date Received Presentation Book Official Fees Paid Receipt No. No..... Kshs. ....

IRREVOCABLE POWER OF ATTORNEY

TITLE NUMBER:.....

Table with 2 columns: Field Name and Value. Fields include Date of Instrument, Registered Proprietor/Donor, The Donee (Name, Registration No., Postal Address, Address for Service, Tel. No., Email address), and Consideration.

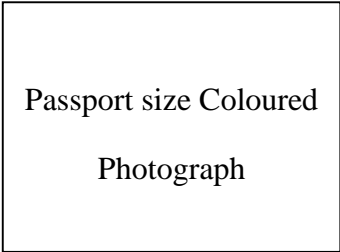
- 1. IN CONSIDERATION of .....from the Donee to the Donor (receipt whereof is hereby acknowledged by the Donor) the Donor HEREBY APPOINT(S) the Donee to be the attorney of the Donor and generally in relation to the Donor’s interest in the above-mentioned Title to do anything and everything that the Donor 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.
2. The power granted herein is irrevocable.

SIGNED as a Deed by the Donor on .....20.....

EXECUTION

IN WITNESS WHEREOF this power of Attorney has been duly executed this..... day of.....20.....

**SIGNED and SEALED** by the Donor  
in the presence of:-



ID/Passport No.....  
PIN No.....  
Signature and seal.....

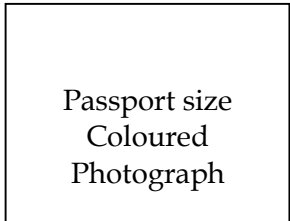
**ADVOCATE**

**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 of



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.