

Power of Attorney (General and Specific)

How to Use This Template

Replace all prompts with your own details.

Fill in the names, ID numbers, addresses, contact details, dates, and any other required information.

Choose the correct type of Power of Attorney.

Tick either General (broad powers) or Special/Specific (for one defined task only).

Describe the powers clearly.

- If General, select the powers you want to grant.
- If Specific, clearly describe the exact task and include any reference numbers or details of the property, vehicle, or asset.

Set time limits or conditions.

Add start and end dates and specify any restrictions on what the Agent may or may not do.

Review the revocation clause.

Ensure you understand that you may revoke this Power of Attorney at any time in writing.

Sign the document properly.

The Principal, the Agent, and two witnesses must sign where indicated.

Witnesses must be over 14 and not the Agent or related to the Agent.

Keep copies.

Give one copy to the Agent, keep one for yourself, and provide additional copies to any institutions that may require them.

DISCLAIMER:

This Power of Attorney template is provided for general information and convenience only. It is **not** legal advice and may not cover every situation. Users should ensure the completed document meets their personal needs and complies with South African law. Bilnor Staffing Solutions does not accept any liability for errors, omissions, or the use or misuse of this template. If you are unsure about any part of this document, please consult a qualified legal professional.

1. Principal (Person Giving Power)

Full Name:	
ID Number:	
Address:	

2. Agent (Person Receiving Power)

Full Name:	
ID Number:	
Address:	
Cell:	
Email:	
Alternate Agent (if any):	

3. Type of Power of Attorney

- General Power of Attorney (broad powers)
- Special / Specific Power of Attorney (limited to the task below)

6. Duration and Limits

This Power of Attorney is valid from:

Start date: _____ until: _____ / or until the task is completed. Any limitations or conditions on the agent's authority:

7. Revocation

I reserve the right to revoke this Power of Attorney at any time in writing. This Power of Attorney automatically ends if I lose mental capacity or pass away.

8. Signatures

Signed at _____ on this _____ day of _____ 20____.

Principal: Name: _____ Signature: _____

Agent (acknowledgement): Name: _____ Signature: _____

Witness 1: Name: _____ Signature: _____ Date: _____

Witness 2: Name: _____ Signature: _____ Date: _____