

**THE REGISTRATION OF DOCUMENTS ACT, CAP 117
SPECIAL POWER OF ATTORNEY**

PROPERTY DESCRIPTION

BAUNDARIES:

- NORTH _____
- SOUTH _____
- EAST _____
- WEST _____

AREA: **40,065 SQM (9.900 ACRES)**

LOCATION: **Chole Village-Misungwi**

KNOW ALL MEN TO WHOM IT MAY CONCERN that by this DEED, WE

of P. O. Box 20 Misungwi-Mwanza .DO HEREBY appoint **BAHATI M NKILIGI** with National Identification Card Number **19910610-33345-00001-13** who is our relative a child of _____ reside at **Chole Village** to be a lawful Attorney as follows;

1. For and on behalf of us, to negotiate, find, and do everything required in respect of getting a purchaser of the above describe land.
2. For and on my behalf of us to act as a lawful signatory with full powers in respect of the signing all the documents related to sale of the land with above description.
3. To receive the payment of the sale of the land through his personal account number **0152892874500 CRDB Bank.**
4. To conduct all that is necessary on behalf of us and any other acts which are necessary in the circumstances as far as sale of the land is concerned.

THIS POWER OF ATTORNEY is made at Misungwi on this 30th day of May, 2024.

FOR DONORS:

SWORN and DELIVERED at MISUNGWI by the said SHITUNGULU YALUTINDI who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.



DONOR

BEFORE ME;

Signature CHIXENGERE G. WANDORE
Name CHIXENGERE G. WANDORE
Address P.O. BOX 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said SIMON SUNGHELE who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.



DONOR

BEFORE ME;

Signature CHIXENGERE G. WANDORE
Name CHIXENGERE G. WANDORE
Address P.O. BOX 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said NJANAYO YALUTINDI who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.



DONOR

BEFORE ME;

Signature CHIXENGERE G. WANDORE
Name CHIXENGERE G. WANDORE
Address 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said SOPHIA ABDALAH who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.



DONOR



BEFORE ME;

Signature [Signature]
Name CHIMENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said REHEMA MABILIKA who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.

DONOR



BEFORE ME;

Signature [Signature]
Name CHIMENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said SALOME J. BUGENI who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.

DONOR



BEFORE ME;

Signature [Signature]
Name CHIMENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said LIVU MABILIKA who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.

DONOR



BEFORE ME;

Signature [Signature]
Name CHIVENGERE G. WANDORE
Address P.O. BOX 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said SHITA KINYADU who is known to me Personally/identified to me by BAHATI M NKILIGI the latter being known to me Personally in my presence this 20th day of May, 2024.

DONOR

BEFORE ME;

Signature [Signature]
Name CHIVENGERE G. WANDORE
Address P.O. BOX 20 MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said KADOGO NABALA who is known to me Personally/identified to me by BAHATI M NKILIGI the latter being known to me Personally in my presence this 20th day of May, 2024.

DONOR

BEFORE ME;

Signature [Signature]
Name CHIVENGERE G. WANDORE
Address P.O. BOX 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said MARIAM MALUTINDI who is known to me Personally/identified to me by BAHATI M NKILIGI the latter being known to me Personally in my presence this 20th day of May, 2024.

DONOR

BEFORE ME;

Signature [Signature]
Name CHIVENGERE G. WANDORE
Address P.O. BOX 20 MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said BAHATI NKILIGI who is known to me Personally/identified to me by BAHATI M NKILIGI the latter being known to me Personally in my presence this 30th day of May, 2024.

Bahati

DONOR



BEFORE ME;

Signature [Signature]
Name CHYENGEPE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said _____ who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this _____ day of May, 2024.

DONOR

BEFORE ME;

Signature.....
Name.....
Address.....
Qualification.....

SWORN and DELIVERED at MISUNGWI by the said _____ who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this _____ day of May, 2024.

DONOR

BEFORE ME;

Signature.....
Name.....
Address.....
Qualification.....

SWORN and DELIVERED at MISUNGWI by the said _____ who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this _____ day of May, 2024.

DONOR

ACKNOWLEDGEMENT

I, **BAHATI M NKILIGI** of Chole Village, within Misungwi District in the Region of Mwanza Tanzania Phone number +255 753 239 336, **DO HEREBY** acknowledge and accept to be the Attorney of the said mentioned names in this Power of Attorney who are my relatives under the terms and conditions contained in this Power of Attorney and I promise to perform and discharge my duties as the lawfully appointed Attorney faithfully and honestly.

SWORN and DELIVERED at MISUNGWI

By the Said **BAHATI M NKILIGI**

Who is _____

Known to me personally / identified to

Me by _____

This 30th day of MAY 2024

Donee's Signature



DONEE'S SIGNATURE



BEFORE ME:

Name: CHIKENGERE S. WANJARA

Signature: [Handwritten Signature]

Address: P.O. Box 20
MISUNGWI

Designation: COMMISSIONER FOR OATHS



SWORN and DELIVERED at MISUNGWI by the said LAURENCA ARDALAH who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.



DONOR



BEFORE ME;

Signature [Signature]
Name CHIKWENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OBTAINING



SWORN and DELIVERED at MISUNGWI by the said BEATUS B. MABILIKA who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this 30th day of May, 2024.

[Signature]

DONOR



BEFORE ME;

Signature [Signature]
Name CHIKWENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OBTAINING



SWORN and DELIVERED at MISUNGWI by the said ELIZABETH MIALABA who is known to me Personally/identified to me by **BAHATI M NKILIGI** the latter being known to me Personally in my presence this _____ day of May, 2024.



DONOR

BEFORE ME;

Signature [Signature]
Name CHIKWENGERE G. WANDORE
Address P.O. Box 20 - MISUNGWI
Qualification COMMISSIONER FOR OBTAINING

