## **DEED OF AUTHORISATION / AFFIDAVIT**

Δadha	I,ar Card No	., holder of, wife /
husba Indiar	nd / son / daughter of late	, whe / holder of living at
	do hereby affirm and state as fo	in India)
i.	This Affidavit is sworn for the purpose of authorizing the Embassy of Aviv (Israel) for receiving the mortal remains of my late wife / husba daughter who was working in Israel as careg Mr. / Mrs	ind / son /
	in Israel) and sending the same	•
	airport in India) for last rites according to our religious customs;	
ii.	I do also hereby appoint / authorize the Embassy of India, Tel Aviv all belongings of my wife / husband / son / daughter including all benefits and dues accrued to my late wife / husband / son / daughte authorities concerned or from wherever it is due by acknowledging proper receipts. I hereby undertake that no other persons will make upon the belongings / monetary benefits of my late wife / husbardaughter;	monetary r from the ng it with any claim
iii.	I do also hereby authorize the Embassy of India, Tel Aviv to do (not postmortem / autopsy of the dead body of my wife / husband / son / by the competent authorities. I will indemnify the Indian Embassy in any loss is accrued to them in consequence of any act done by virtidaed:	daughter // daught
iv.	deed; I hereby affirm that I shall bear all expenditure for handling / transp mortal remains of my late wife / husband / son / daughter to India, covered under insurance.	
	Or	
	I hereby affirm that I am unable to bear the expenditure for transporting the mortal remains of my late wife / husband / son / da India due to my financial constraints. So, Indian Embassy in Israel is for necessary arrangements for sending the mortal remains of my late husband / son / daughter to(narairport) India.	aughter to requested

	V.	I hereby authorize the following persons to receive the mortal remains of my late wife / husband / son / daughter at (name of the airport) India.							
Mr.			Aadhar Card No	:			Mobile No.	:	
Mr.			- Aadhar Card No	. :			Mobile No.	:	
	vi.	the best of my	affirm that all the knowledge, belieure, I am quite aw	f and ir	nformati	on and if a	ny avermen	t is found	
		D	eponent / Executa	ant	:				
		А	adhar Card No.		:				
		А	ddress		:				
		С	ontact No.		:				
		Mr. / Ms							
	So	olemnly affirmed	l and signed befor	e me b	v the de	ponent who	om I know p	ersonally	on
	th	•	(da	,			•	office	at
						(addr	ess of the	advocate	e /
	No.	otary Public in Ir	ndia) and the witn	esses h	nave als				- 1

Advocate / Notary Public With Date & Seal