Authorization Form: -

Declaration for Authorised Signatory (Details of ~~Proprietor/all~~ ~~partners/Karta/Managing~~ Director and whole time Director/~~Members of Managing~~ ~~Committee of Associations/Board of Trustees etc~~.)

I **{{PERSON\_1}}** being Managing Director hereby solemnly affirm and declare that is hereby authorized, vide resolution no.2 dated {{DATE}} (copy submitted herewith), to act as an authorized signatory for the business **{{COMPANY\_NAME}}** for which application for registration is being filed under the Act.

All his actions in relation to this business will be binding on me.

Signature of the person competent to sign

Name: {{PERSON\_1}}

Designation: {{PERSON\_1\_D}}

({{COMPANY\_NAME}})

Acceptance as an authorized signatory

I **{{PERSON\_1}}** hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised

|  |  |
| --- | --- |
| Place: {{PLACE}} | ({{PERSON\_1}}) |
| Date: {{DATE}} | {{PERSON\_1\_D}} |
|  | DIN: {{PERSON\_1\_DIN}} |

Authorization Form: -

Declaration for Authorised Signatory (Details of ~~Proprietor/all~~ ~~partners/Karta/Managing~~ Director and whole time Director/~~Members of Managing~~ ~~Committee of Associations/Board of Trustees etc~~.)

I **{{PERSON\_2}}** being Managing Director hereby solemnly affirm and declare that is hereby authorized, vide resolution no.2 dated {{DATE}} (copy submitted herewith), to act as an authorized signatory for the business **{{COMPANY\_NAME}}** for which application for registration is being filed under the Act.

All his actions in relation to this business will be binding on me.

Signature of the person competent to sign

Name: {{PERSON\_2}}

Designation: {{PERSON\_2\_D}}

({{COMPANY\_NAME}})

Acceptance as an authorized signatory

I **{{PERSON\_2}}** hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised

|  |  |
| --- | --- |
| Place: {{PLACE}} | ({{PERSON\_2}}) |
| Date: {{DATE}} | {{PERSON\_2\_D}} |
|  | DIN: {{PERSON\_2\_DIN}} |