TO BE FILLED IN CAPITAL LETTERS AND ON COMPANY LETTER HEAD

Lead ID \_\_\_\_\_\_\_\_\_\_\_\_\_

To, Date: \_\_\_\_\_\_\_\_\_\_\_\_

Manager

Synergistic Financial Networks Pvt. Ltd.,

Sagar Tech Plaza, Andheri Kurla Road,

Saki Naka,

Mumbai-400072.

**SUB: LIST OF DIRECTORS**

NAME OF COMPANY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIN No. :

This is to inform you that following members are the Directors of \_*NAME OF THE COMPANY* \_details of which are mentioned below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Director | Pan No. | DIN | Official Email Id & contact number | Signature |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

We hereby confirm that Mr/Miss/Mrs. \_\_\_\_\_*Name with Designation*\_\_ is appointed as the Authorised Signatory for the Company vide Board Resolution passed on \_\_\_\_\_\_\_.

“Certified True Copy”

The common seal of the company is also affixed for this purpose.

For Company Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director / Auth. Signatory Name with Sign & Stamp

DIN no. or PAN no.