**SAYYED ENTERPRISES**

Room No.866 B.P.T No.366, New Tank Bander Road, Dr. Dalvi Clinic, Reay Road, Mazgaon, Mumbai, 400 010

**Mobile:** 9870438871, 9821423115 **E-mail:** Sayyedshaikh87@gmail.com

To,

The Range Officer, Range – I (SG0901),

Service Tax – II, Mumbai,

Service Tax Division – IX,

**Sub**: Letter of Authority

**Ref**: Registration of M/s Sayyed Enterprises

Respected Sir,

We the undersigned Mr. Sayyed Amir Shaikh and Mr. Abdul Basha Shaikh, Partners of M/s. Sayyed Enterprises do hereby authorize Mr. Sayyed Amir Shaikh to file the application for **goods and service tax registration**, submit necessary documents and to collect the Registration Certificate.

Thanking you,

**For M/s Sayyed Enterprises**

**Sayyed Shaikh, Partner**

**Abdul Shaikh, partner**

I, Sayyed Amir Shaikh, do hereby accept the above authority.

Date: 10/07/2017

Place: Mumbai.