**Declaration for Authorized Signatory (Separate for each signatory)**

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| I/We  (Details of Proprietor/all Partners/Karta/Managing Directors a. whole time Director/Members of Managing Committee of Associations/Board of Trustees etc)   1. Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board &Trustees etc» 2. Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board &Trustees etc» 3. Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board &Trustees etc»   hereby solemnly affirm and declare that «name of the authorized signatory» to act as an authorized signatory for the business « .GSTIN - Name of the Business» for which application for registration is being filed under the Good Service Tax Act, 2016  All his actions in relation to this business will be binding on me/ us. Signatures of the persons who are Proprietor/all Partners/Karta/Managing Directors a. whole tine Director/Members of Managing Committee of Associations/Board of Trustees etc.  srno Full Name Designator /Status Signature  Acceptance as an authorized signatory  I «Name of the authorized signatory» hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall he bindi, on the business.  Signature of Authorized Signatory  Place Name  Date Designation/Status |