Proof of Sufficient Authorization by Organization

To be signed by Authorized Signatory – (Partner / Authorized Signatory.)

(To be printed on organization letter head / Office seal)

To:

QCID Technologies Private Limited

Plot NO 1303 & 1304 4th Floor,

Khanamet, Ayyappa Society,

Madhapur, Hyderabad – 500081

Telangana

Subject: Proof of Sufficient Authorization Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to confirm that Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having Permanent Account Number (PAN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Mobile No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby Designated as Authorized Person of our Organization for availing DSC /e-Sign from ID Sign CA. By this, he/she is authorized to act as an ‘Authorized Signatory’ (as per the definition of Identity Verification Guidelines of CCA) towards further authorizing the enrolments of Organization employees for creation of their KYC account (to enroll for DSC/eSign) the acts done and documents shall be binding on the Organization. I’m having suitable authority/authorization to provide this authorization on behalf of the Organization.

For the Organization, (Seal & Signature)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_