

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,
Care4sign Safetec Limited.
No 1, 1st Floor, #44, CNR Complex,
Ananthapura Gate, Yelahanka New Town,
Bengaluru, Karnataka 560064

Date: DD/MM/YYYY

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 Care4sign 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: _____