

## Proof of Sufficient Authorization to act as a Signatory

(To Be Print on Letterhead)

[APPLICABLE TO ALL CENTRAL GOVERNMENT EMPLOYEES, STATE GOVERNMENT EMPLOYEES, EMPLOYEES OF STATUTORY BODIES, PUBLIC SECTOR UNDERTAKINGS AND OTHER GOVERNMENT ORGANIZATIONS]

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

Date: DD/MM/YYYY

I, Controlling / Administrative Authority / Head of Office / Head of Department (HoD) of the \_\_\_\_\_ (Organization Name), have understood the requirements of eSign/DSC enrolments under provisions of Information Technology Act, and will authorize the employees in line with these requirements. I have enclosed my ID card of Authorized signatory/identity letter issued by the organization.

**Government Organization Type** (Tick as applicable):

Central Govt    State/UT    PSU    Statutory / Constitutional / Regulatory Organization  
 Judiciary / Quasi-Judicial Organization    Defence Organization    Other \_\_\_\_\_

**My Information (Signatory):**

Full Name	
Organization Name	
Position/Designation	
Organization ID Card No	
Office Address	
Office Tel No	
Mobile No	
PAN No	
E Mail ID	

Signature: \_\_\_\_\_

(Seal & Stamp)

Date: \_\_\_\_\_

Enclosed: My Organization ID card / Identity letter issued by the organization