(To be printed on Organization Letterhead with duly Sign and Stamp by the authorize person)

Authorization Letter for Sub RA/RA login

Date:

To,

VSign CA

2nd Floor, Bhavna Building, V.S. Marg,

Prabhadevi, Mumbai – 400025

We hereby authorize Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of our organization (Name of the Organization) for the purpose of Vsign RA login.

We confirm that the information submitted by him / her is correct to the best of our knowledge.

|  |  |
| --- | --- |
| Name of the Authorizing Person |  |
| Designation of the Authorizing Person |  |
| Identity Details |  |
| Place and Date |  |
| Signature with Company Seal |  |