



Authorized Signatory Letter



To,
 (n)Code Solutions (A Division of GNFC Ltd.)
 14th Floor, Tower One, Road 5C, Zone 5,
 Gujarat International Finance Tech City (GIFT City)
 Gandhinagar - 382 355.
 Gujarat, India.

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 employee
 _____ in line with these requirements. I have enclosed my ID card
 /identity letter issued by the Organization/ Proof of association with the organization.

DETAILS OF AUTHORIZED PERSON

Full Name	<input type="text"/>		
Organization Name	<input type="text"/>		
Position/Designation	<input type="text"/>	Organization Identity Card Number	<input type="text"/>
Office Address	<input type="text"/>		
	<input type="text"/>		
Office Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>
Website Reference of my information, if any	<input type="text"/>		
Date	<input type="text"/>	Signature of Authorising Person (with seal of Organization)	
		[Sign : _____]	

ENCLOSED : ID card of Authorized signatory /identity letter issued by the organization/ Proof of Individuals association with organization

e - Safe , e - Secure , e - Sure