

On company's letter head and company's stamp over the signature

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT MEETING OF THE BOARD OF DIRECTORS OF _____ ("COMPANY") HELD ON _____ 2020 AT ____ A.M AT _____

AUTHORIZATION TO SIGN, EXECUTE AND DELIVER DOCUMENTS IN CONNECTION WITH PAYER VAULT PAYMENTS INDIA PRIVATE LIMITED ("PAYER VAULT") ON BEHALF OF THE COMPANY:

"RESOLVED THAT *the Company has decided to authorize _____, Authorized Representative/Director of _____ to sign the Agreement with Payer Vault Payments India Private Limited and any other requisite documents required from time to time for availing Services offered by Payer Vault on behalf of the Company either using Handwritten Signatures or Electronic Signatures"*

Serial Number	Name of Authorized Person	Title	Specimen Signature
1.	Mr. _____	Director	

"RESOLVED THAT *Mr. _____, (Designation)/Director is authorized to do such things, act and deeds as may be necessary and incidental to the aforesaid matter including but not limited to signing of any letter, applications, documents etc."*

"RESOLVED THAT *any change to the Authorized signatory to sign the aforementioned documents shall be immediately communicated with Payer Vault along with new resolution of appointing the new Authorized Signatory and excluding the former Authorized signatory.*

"RESOLVED FURTHER THAT *copy of the foregoing resolutions certified to be true copies by any two of the Director of the Company be forwarded to any third party or any statutory/government authorities, as may be deemed necessary."*

For _____

Director
DIN:
Date:

Director
DIN:
Date:

[On the Letter head]

To

Payer Vault Payments India Private Limited

Ranchi, Jharkhand 834004

Subject –Authorized Signatories – **[Insert Entity Name]**

We write to you with respect to the captioned matter wherein we, being the directors of the Company hereby grant our approval to avail payment services from Payer Vault Payments India Private Limited (“Payer Vault”).

We, being the directors of the Company hereby authorize the below mentioned signatories to avail payment services from Payer Vault and provide acceptance on behalf of the Company of the terms and conditions regulating the payment services. The following signatories shall also be authorized either severally/jointly to execute such agreement, documents and other writings including any such changes and modifications in the said terms and conditions as may be suggested by Payer Vault as may be necessary or required for availing payment services.

Name	Designation	Signature	Email Id

[Insert Signature]

Name

Designation

DIN

[Insert Signature]

Name

Designation

DIN