

Authorized Signatory Declaration Form

Date: _____

To,
[Organization/Bank/Institution Name]
[Branch/Address]

I/We, the undersigned, hereby declare that the following individual(s) is/are authorized to sign and operate on behalf of:

Name of Entity/Organization : _____

Registered Address : _____

Registration Number : _____

Details of Authorized Signatory(ies)

#	Name	Designation	Specimen Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The above mentioned person(s) is/are hereby authorized to sign all documents and operate the account(s)/execute transactions and other matters relating to the above referenced entity, as per the resolutions and powers vested by the entity's governing body.

This declaration remains valid until written notice of revocation is submitted by authorized officials of the entity.

Name: _____

Designation: _____

Signature: _____

Name: _____

Designation: _____

Signature: _____

Important Notes

- This form should be completed and signed by authorized officials, as per the organization's policy.
- Attach supporting documents such as Board Resolution or Power of Attorney, if applicable.
- Please inform the organization immediately of any changes in authorized signatories.
- Ensure that specimen signatures match those on official identification documents.
- Incomplete or incorrect forms may cause processing delays.