Board Resolution (Suggested format)

(To be printed on organization letter head)

CERTIFIED TRUE COPY OF THE RESOLUTION PASS	ED AT THE MEETING OF THE BOARD OF DIRECTORS
OF (Company Name)	HELD ON (Date)
AT (Address)	
RESOLVED THAT the company has decided to auth	norize, Mr. / Ms
	to sign and submit all the necessary papers, letters,
	nnection with "authorizing any of the personnel of
the company (applicant) to procure Digital Certific	cate". The acts done and documents shall be binding
on the company, until the same is withdrawn by g	giving written notice thereof.
Specimen Signatures of Authorised Signatory:	
(Signature)	
RESOLVED FURTHER THAT, a copy of the above re	solution duly certified as true by designated director
/ authorised signatory of the company be furnishe	d to eMudhra Limited and such other parties as may
be required from time to time in connection with	the above matter.
For the Organization,	
(Seal & Signature)	
Name:	
Designation:	

Authorization Letter by Organization

(To be printed on organization letter head / Office seal. To be signed by Authorized Signatory / Government Department in-charge. To be used, if the authorization is not made on Application Form.)

To:
eMudhra Limited
Bangalore
Subject: Authorization of the applicant by the organization
I hereby Authorize the below applicant to apply for Digital Signature / Encryption Certificate, on behalf of the Organization.
Organization Name:
Name of the Applicant
Org ID Number (if available)
Designation
Class of Certificate Class 2 Class 3
Type of the Certificate Signature Encryption Combo DGFT
For the Organization,
(Seal & Signature)
Name:
Designation:

Letter of Identity Proof by Organization

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

To:	
eMudhra Limited	
Bangalore	
Subject: Organizational ID Proo	
Organization Name:	
Name of the Individual	
Org ID Number (if available)	
Designation	
Department	
I hereby confirm the Identity of Identity on behalf of the Organia	of the above Individual. I'm the Authorized Personnel to certify the zation.
For the Organization,	
(Seal & Signature)	
Name:	
Designation:	