

AUTHORIZATION FORM

I/We _____

(Details of Proprietor/all partners/karta/Managing Directors & whole time Director/Members of Managing Committee of Associations/Board of Trustees etc)

- 1.
- 2.
- 3.

Hereby solemnly affirm and declare that _____ to act as an authorized signatory for the business _____ for which application for registration is being filed/is registered under the Goods and Service Tax Act.20 .

All his actions in relation to this business will be binding on me/us.

Signatures of the persons who are of Proprietor/all partners/karta/Managing Directors & whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

S.No	Name	designation/Status	Signature
1.			
2.			

Acceptance as an authorized signatory

I _____ hereby solemnly accord my acceptance to act as authorized signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised Signatory
Designation/Status

Date
Place