**Declaration for Authorized Signatory**

*(Separate for Each Signatory with* Details of Proprietor or Partner or Managing Director)

I/We, **………………..**([DIN](http://mca.gov.in/mcafoportal/companyLLPMasterData.do))and **……………………**([DIN](http://mca.gov.in/mcafoportal/companyLLPMasterData.do))being Managing Directors and whole time Director of **XYZ PRIVATE LIMITED**, hereby solemnly affirm and declare that **…………….** ([DIN](http://mca.gov.in/mcafoportal/companyLLPMasterData.do)) is hereby authorized, vide resolution No. … dated DD/MM/YYYY (copy submitted herewith), to act as an authorized signatory for the business **XYZ PRIVATE LIMITED** for which application for registration is being filed under the Act. All his actions in relation to this business will be binding on me/ us.

Signature of the person competent to sign Signature of the person competent to sign

Name: ………………………… Name: …………………

Designation: Director Designation: Director

Place: Delhi Place: Delhi

Date: Date:

**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 Authorized Signatory

Name:…………………

Designation: Authorized Signatory

Place: Delhi

Date: