**Declaration of Authorized Signatory**

**[Not required to be submitted if the details are being shared in form of a Board Resolution]**

**Subject: Declaration of authorized signatories**

We, the Directors / Partners / Trustees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby accord its approval, as an authorized representative of the Company / Firm / Trust, to obtain payment aggregation services from Amazon Pay India Private Limited and sign the documents being submitted to Amazon Pay India Private Limited.

Details of Authorized Signatories:

|  |  |
| --- | --- |
| **Name** | **Signature** |
|  |  |
|  |  |

**Signatures of two directors / partners / trustees along with entity stamp:**

Name 1 Signature 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 2 Signature 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: