**(COMPANY LETTERHEAD)**

**Date: --/--/20—**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Whomsoever It May Concern**

**Subject: Declaration of the Authorized Person**

We, (**REGISTERED COMPANY NAME)**, would like to authorize, (**AUTHORIZED PERSON’S NAME)**, (**AUTHORIZED PERSON’s DESIGNATION)** to sign on behalf of our company for further DLT related activities.

**Contact Person Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ID Proof Type:** Aadhar/PAN/Voter ID/Driving License (Select one)

**ID Proof Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy of ID Proof:**

**(Insert Image here)**

Yours Sincerely,

**(NAME)**

**(DESIGNATION)**