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| on the company, until the same is withdrawn by g | giving written notice thereof.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: | |