**FORMAT**

**AUTHORITY LETTER**

**(On your letter head)**

**AGENT / DISTRIBUTOR MEMBER:-**

**PARTNERSHIP FIRM:**

We hereby authorize Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to represent, act, execute and sign all the documents pertaining to the Association on behalf of the company.

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

Signature & Name of the Authorized Representative

Thanking you,

Name of all the Partners

Signature & Seal