

- **Authorization Letter** -

1. I declare that I, s/o, w/o
..... Age:.....
working as Managing Director ☐ Director ☐ CEO ☐ COO ☐ Company Secretary ☐
Proprietor/Partner ☐ Other..... (select whichever is applicable)
of M/s having
registered office at.....
.....(complete address).
My contact details are landline
E mail ID:.....
2. I undertake that I am representing the firm M/s
.....
and this undertaking is for registering on CDMS-PORTAL.
3. I am authorized by the competent authority of the above said firm to delegate this
authorization.
4. I have read the terms, conditions and privacy policy of the portal CDMS-PORTAL and agree
to them.
5. I authorize Sri/Smt.s/o, w/o
....., Age.....
working in the firm mentioned at Sr.No.2 above as.....
(designation) to register on the portal CDMS-PORTAL.
6. The information submitted above is true and correct and no part of it is false and nothing
misleading has been stated.
7. I declare that no other person has been authorized by the firm mentioned at S. No. 2 above,
to register on the portal.

Date:

Place:

Sign:

Name:

Designation:

Firm's Name: