**Declaration of Authorized Signatory and Solutions Acceptance**

Date:

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

Subject: Declaration of authorized signatories & Solution acceptance

We, the Directors of (“Company”) hereby accord its approval, as an authorized representative of the Company, to obtain payment aggregation services from Paytm Payments Services Limited to provide its customers the ability to pay with Paytm Wallet, Indian credit & debit cards as well as net banking & UPI with Indian Banks.

We also authorize the following personnel to avail and operate solutions offered by Paytm Payments Services Limited

Details of Authorized Signatories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Paytm registered mobile number | Email id | Designation | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signatures of two directors along with company stamp:

Name of Director 1 Signature of Director 1

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

Name of Director 2 Signature of Director 2

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

**Note: This document should be printed on Company’s Letterhead.**