**Date:**

**Personal Details of All The Partners and Authorised Signatory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SR no.** | **Name** | **Nationality** | **Residential address** | **Phone No.** |
| 1 |  | Indian |  |  |
| 2 |  | Indian |  |  |

**Authorised Person**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR no.** | **Name** | **Designation** | **Date of Birth** | **Mode of Operation** | **Signature Limits** |
| 1 |  | Partner |  | As per Board Resolution | As per Board Resolution |

**For** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner**