

<< On the Letter Head>>

<<CIN: XXXXXXXX>>

<<Registered Office Address: >>

<<Email ID: >> <<Contact Number:
>>

CERTIFIED TRUE COPY OF RESOLUTIONS PASSED AT THE BOARD MEETING OF
MEMBERS HELD AT THE REGISTERED OFFICE OF THE COMPANY << COMPANY
REGISTERED NAME>> AT

<< REGISTERED OFFICE ADDRESS>>, <<DAY>> <<DATE>> AT <<TIME>>.

To act as an Authorized Signatory:

RESOLVED THAT << Beneficial Owner 1's Name>>, << Beneficial Owner 2's Name>> and
<< Beneficial Owner 3's Name>> Beneficial Owners of the company be and is hereby
authorized to act as authorized signatories and are given authority to sign and execute
agreement, documents and other writings including any such changes and modifications in
the said terms and conditions as may be suggested by Cashfree Payments India Private
Limited on several matters. The acts done and documents shall be binding on the company,
until the same is withdrawn by giving written notice.

FURTHER RESOLVED THAT a copy of the above resolution duly certified as true by
designated director / Authorized Signatory of the company.

// CERTIFIED TO BE TRUE//

For << Registered Business Name>>

Name of BO1:

Signature:

Seal:

DIN:

Designation:

Name of BO2:

Signature:

Seal:

DIN:

Designation: