**Declaration of Authorized Signatory & Solution acceptance**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

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

**Subject:** Declaration of authorized signatories & solution acceptance

We the Partner / Directors of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby accord its approval in partnering with Marg Pay payment gateway of Marg Fintech Pvt. Ltd. to provide its customers the ability to pay with all Payment Wallets, 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 Marg Fintech Pvt. Ltd.

**Details of Authorized Signatories:**

|  |  |  |
| --- | --- | --- |
| Name | Registered Mobile Number | Signature |
|  |  |  |
|  |  |  |
|  |  |  |

Signatures of two Partner / directors along with company stamp:

Name of Partner / Director 1 Signature of Partner / Director 1

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

Name of Partner / Director 2 Signature of Partner / Director 2

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Note : This document should be printed on Company’s Letterhead. In case Signature of 2 directors is not available, signature of Company Secretary will suffice. Company Board resolution containing the name of authorized signatories will also be accepted.