**Authorization Letter**

To,

Sify Technologies Limited (SafeScrypt)

Tidel Park, 2nd floor,

No. 4, Canal Bank Road

Taramani Chennai- 600113

**Subject: Authorization letter of the applicants**

I hereby Authorize the below applicants to apply for Digital Signature Certificate, on behalf of the Organization.

|  |  |
| --- | --- |
| **Organization Name:**  |  |
| **Sr.** | **Name of Applicant** | **Org ID Number** **(if available)** | **Designation** | **Mobile Number** | **Address of posting** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I hereby confirm the mobile number of all applicants given above. I confirm the Physical Verification of Applicants.

**For the Organization**

(Seal & Signature)

Name:

Designation:

Contact Number: