[Company Letterhead]

[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Address Line 1]
[Address Line 2]

Subject: Confirmation of Authorized Signatories

To Whom It May Concern,

This letter serves to formally certify that the following individuals are duly authorized to sign documents, contracts, and financial instruments on behalf of [Your Company Name].

The signatures appearing below are the true and authentic signatures of the authorized representatives:

Name	Job Title	Specimen Signature
[Name 1]	[Title 1]	_____
[Name 2]	[Title 2]	_____

These authorizations shall remain in full force and effect until [Expiration Date] or until written notice of revocation is provided by the company.

Should you require any further verification, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Senior Officer/Secretary]
[Title/Position]
[Company Name]

[Company Seal/Stamp]