

[Company Letterhead]

[Date]

[Recipient Name / Bank Name]

[Department]

[Address Line 1]

[Address Line 2]

Subject: Specimen Signature for Authorized Signatory

To Whom It May Concern,

This letter is to formally notify you that the following individual(s) have been authorized to sign documents and conduct transactions on behalf of [Company Name].

The specimen signature(s) provided below are true and official:

| Name | Designation/Title | Specimen Signature |
|---------------|-------------------|--------------------|
| [Full Name 1] | [Position] | |
| [Full Name 2] | [Position] | |

These authorizations are effective as of [Start Date] and shall remain in effect until further written notice from the company.

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

Yours faithfully,

[Signature]

[Name of Authorizing Official]

[Title/Designation]

[Company Stamp/Seal]