## Format of the Authority letter

## LETTER OF AUTHORIZATION

## (ON THE ENTITY'S LETTER HEAD which would be registering itself as Business User for making filing in SMF-FIRMS )

(Where the Business User is filing the SMF in the capacity of an individual, the authority letter need not be on the Entity's letterhead.)

The Chief General Manager-in-Charge Foreign Exchange Department Reserve Bank of India <sup>#</sup> Regional Office Date

## Dear Sir, **Sub:** Letter of Authorization for filing in FIRMS application

We hereby authorize Shri. / Smt. / Ms.

Account (Name Designation) holding Permanent Number and (PAN) (copy to be attached) to register as Business user for submission of returns in Foreign Investment Reporting and Management System behalf of our company/ LLP (FIRMS) on named/ as an individual registered office having at for (not applicable individual ) and PAN

<sup>#</sup>The CIN/ LLPIN is \_\_\_\_\_/Company/LLP is not required to obtain CIN/LLPIN. (*Not applicable for individual*)

2. We also authorize Shri. / Smt. / Ms. (*Name of Authorized Representative*) to make declarations and to submit documents, wherever required, on our behalf. These declarations and submissions are made towards the requirement of the Foreign Exchange Management Act, 1999 and any other applicable laws that may be in force.

3.We further confirm that we are liable for and bound by all acts of commission and omission by the authorized representative. All acts committed by the above authorized representatives shall be treated as if these acts were committed by the company/ LLP.

----- (Specimen Signature of authorized representative)

5.Associated	bank	account	of	the	entity/indivi	dual wit	h th	ie AD	bank	
					_ (account	number)	and	name	of	the
authorized	signatory		for		this	accou	int			is

6. The specimen signature of the authority signatory is as below

(signature of the authorized signatory

for the bank account)

Yours faithfully

Signature of Managing Director / Director / Secretary of the Company / Designated Partner (in case of LLP) (may self- authorize for individual)

Name: Designation: Date: DIN / Registration Number of Secretary / DPIN of Partners: Seal of the signing authority:

<sup>#</sup> Strike out whichever is not applicable <sup>^</sup>Indicate the location of RBI Regional Office