<To be printed on Organisation letter head>

 **Date:**

**Mr. Sunil Alvares**

**MD & CEO**

**CDSL Ventures Limited**

Marathon Futurex, A-Wing,

25th Floor, Mafatlal Mills Compound,

N.M. Joshi Marg, Lower Parel (East),

Mumbai – 400 013.

**Sub:** **Authorisation Letter for Investment Provider Administrator on CVL Accreditation Agency Portal**

Dear Sir/Madam,

This is to inform that Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is employed with us and has been authorized to act as the Investment Provider Administrator on behalf of our Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for accessing and performing all necessary functions on CVL AIA portal. We understand that our authorized Official shall be wholly responsible for all actions and usage of Verification functionalities on the CVL AIA Portal. A copy of his/her Identification is attached.

The details of the Administrator are as follows:

|  |  |  |
| --- | --- | --- |
| **Details** | **Administrator** | **Authorised Signatory** |
| Official’s Name |  |  |
| Official’s Employee Number |  |  |
| Designation |  |  |
| Department |  |  |
| Mobile Number |  |  |
| Identification Number |  |  |
| Representative/Official Signature |  |  |

 Thanking you,

 Yours faithfully,

 Signatory-

 (Name, Signature & Seal)

MD /Director/Head of Department