

**TCS -CA Certificate**

**Letter of Authority**

I \_\_\_\_\_(Authorised Signatory name)  
in the capacity of the \_\_\_\_\_(Authorised Signatory Designation)  
of \_\_\_\_\_ (Company/Government institution name)  
authorize \_\_\_\_\_ (Subscriber's Name) whose signature is attested below  
to carry out all the necessary formalities on behalf of  
\_\_\_\_\_ (Company/Government institution name)  
for the application of class 2 Digital Signature Certificate with the validity period of one year.

Signature and Designation  
of Authorised Signatory  
with company seal

Signature and Designation  
of the Subscriber

Signature and Designation  
of Authorised Signatory  
with company seal