

NAME OF THE APPLICANT FIRM  
(IN BLOCK LETTERS)

TEL/MOB:

TELEGRAM:

-----  
ADDRESS:

FAX:

-----  
AUTHORISED REPRESENTATIVE NAME:-  
-----

SPECIMEN SIGN. OF THE AUTHORISED SIGNATORY	REMARKS : (FOR COUNCIL'S USE) 1. Membership No. & Date 2. RCMC No. & Date 3. Category / Region
--	--

**Authorised Representative Guideline:**

1. A member of the Company shall be represented by Proprietor/Karta or cone of its Partners or Authorised Representative to act as its representative at any meeting of the company provided that such representation is duly authorised on the letter head of the Body, duly signed by the Authorised member unless revoked.
2. Any Association or Co-operative Society which is a Member of the Company shall by a Resolution of its Managing members or any persons in their positions authorise any of the Managing members or any person in their place to act as an authorised representative at any meeting of the Company.
3. The person to authorised as aforesaid shall thereupon be entitled to exercise the same rights and powers on behalf of the members whom he represents as if he were an individual member of the Company as the Association or Co-operative Society or the Body concerned.