

Signature Authorization Form

Purpose: This form authorizes the designated individual(s) to execute documents and conduct transactions on behalf of the business named below. Please complete all fields and ensure the accuracy of the information.

1. Business Information

Business Name:

Business Address:

Contact Number:

Email:

2. Authorized Signatory Details

Full Name:

Position/Title:

Authorization Limits (if any):

3. Authorization Scope

Describe transactions, documents, or activities the signatory is authorized for

4. Effective Dates

Start Date:

End Date (if applicable):

5. Authorization & Signature

Authorized Signatory:

Date:

Business Representative:

Date:

6. Additional Notes

Add any additional instructions or comments

Note: Attach a government-issued photo identification of the authorized signatory for verification purposes.