

# 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

## 4. Effective Dates

Start Date:

End Date (if applicable):

## 5. Authorization & Signature

Authorized Signatory:

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Date:

Business Representative:

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Date:

## 6. Additional Notes

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