

(To be obtained in the letter head of the Entity)

LETTER OF AUTHORITY FOR PARTNERSHIP FIRMS AND LIMITED LIABILITY PARTNERSHIP FIRM: Cash Management Services (CMS)/ CMS Electronic Payment Services

Date _____

To
The Manager
Bandhan Bank Limited

Dear Madam/ Sir

Subject: Authorization for availing Cash Management Services (CMS)/CMS Electronic Payment Services ("CMS Facility") from Bandhan Bank Limited ("Bank")

Please note that M/s _____, a partnership firm having its place of business at _____ ("Firm"), and the partners of the Firm in their meeting dated _____ have unanimously decided to avail the CMS Facility from the Bank in accordance with the terms and conditions contained in the Application Form, CMS Cash Collection Agreement, CMS Payment Agreement and other terms as stipulated by the Bank from time to time.

In light of the aforesaid, the Firm hereby accepts and agrees to be bound by the terms and conditions for the CMS Facility contained in the Application Form, CMS Cash Collection Agreement, CMS Payment Agreement along with such terms as stipulated by the Bank from time to time.

The Bank is hereby requested and authorized to pool/deposit the funds collected by crediting the account number mentioned below maintained with the Bank or as informed by the below mentioned Authorised Person(s) from time to time.

Account no. _____

The Bank is hereby authorized to make payments/ disbursements pursuant to any standing or particular instructions given by the below mentioned Authorized persons.

We agree and understand that the Bank reserves the right to reject any application for CMS Facility or block the CMS Facility in respect to any account or withdraw the CMS Facility without assigning any reason whatsoever.

We further agree that the Bank be and is hereby authorized to accept all instructions given or initiated through the online application of the Bank for CMS Facility ("**CMS Online Portal**") through initiator and approver mechanism. The Firm does agree to hold the Bank harmless and indemnified and agrees to keep the Bank's interest protected on account of the Bank executing such instructions by the Authorized Person(s) who are identified below.

We further agree that the Bank shall not be responsible for any failure or malfunction of online banking facilities, CMS Online Portal or any other circumstances beyond its control. The Bank shall not be responsible for any dispute, loss or damage, whether consequential, implied or whatsoever, arising from or related to the use of CMS Online Portal including use of User Id and Password assigned to the Authorized Person(s) as mentioned herein.

We shall be solely responsible for all the transactions affected by the use of User ID and Password pertaining to the CMS Online Portal.

We, the Partners, personally and in our capacity as the partners of the Firm, shall indemnify the Bank for any unauthorized use of User ID and Password pertaining to the CMS Online Portal. We hereby confirm that the specimen signature(s) of each of the Authorized Person(s) and the specimen impression of the stamp of the Firm (if applicable) set out below are correct and genuine. This authority shall continue to be in force until we revoke it by a notice in writing delivered to you. Any change of the Authorized Person(s) or signing arrangement provided herein shall not be binding on the Bank unless and until the Bank receives a written notice (in the form and content that is satisfactory to the Bank) authorizing such change of Authorized Persons or signing arrangement, duly signed by us.

We hereby confirm the following officials ("**Authorized Person(s)**") be and are hereby authorized to operate the CMS Online Portal, issue written instructions/requests in relation to the CMS Facility to the Bank including for issuance of cheque books, availing of sweep facility etc. and accept, sign, execute, deliver and complete all documentation, agreements, account opening forms, and accept and abide by the modifications and/or variations in any or all the terms and conditions governing the CMS Facility from time to time and to nominate, substitute, revoke and vary mandate etc. in respect to the CMS Facility from time to time and on behalf of the Firm:

Sr No	User Name	Right View only/ Initiator/ Approver	Mobile	eMail ID	Daily Transaction Limit	Per Transaction Limit

Name _____

Signature _____

Name _____

Signature _____

