**MANUFACTURER’S AUTHORIZATION FORM**

Date: <LATER Than 01st Jan 2021>

SBI Life Insurance Co. Ltd.

Plot 3A. Sec 10. CBD Belapur

Navi Mumbai - 400614

Maharashtra

India

**RE: AUTHORIZATION OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARTNER NAME)**

**TO PARTICIPATE IN Procurement of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ON BEHALF OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(OEM NAME)**

This is to certify that M/s \_\_\_\_\_\_\_\_\_\_\_\_\_, with its Registered Office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is authorized to propose, procure and supply our ???????? () for SBI Life against the requirement raised by you.

We undertake to extend full Technical and implementation support to \_\_\_\_\_\_\_\_\_\_\_\_ during the Supply, Installation, Warranty, support and Maintenance periods as per Terms and Conditions mentioned in your RFP.

Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Manager of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_has been authorized and would be representing us.

His/Her coordinates are mentioned below:

Designation:

Postal Address:

E-Mail Address:

Land Phone No.: Fax No.: Mobile Phone No.:

Signature of Authorized Signatory from OEM:

Name:

Designation:

Postal Address:

E-Mail Address:

Land Phone No.: Fax No.: Mobile Phone No.: