SAMPLE AUTHORIZATION LETTER

BOD’s Name
FPO Name
Contact number:
Date:

I hereby authorize [CRP/CSP Name] to act as FPO’s representative in cluster name and collect [the amount] and [the document(s)] from farmers. This authorization is valid from dd/mm/yyyy to dd/mm/yyyy.

Please consider this as the only notice unless any changes are informed. One can also check his/her [CRP/CSP/CEO Name] ‘s signature at the bottom for validation purposes.

Sincerely,

[Signature and Stamp] Concerned CRP/CSP signature

[Name]

*(To be printed in FPO’s letterhead)*