AUTHORIZATION LETTER

(For filling application for installation of SRTPV (Solar Rooftop Photo Voltaic) system for partnership firms)

| We | (Name of the Lead member of | of partnership firm), wish to install |
|-----------------------------|---------------------------------------|---------------------------------------|
| Solar Rooftop PV (SRTP | V) system and We accept all the t | erms, conditions and Stipulations |
| mentioned in the applicat | ion form and any other formats la | id down by the TPSODL for this |
| purpose. | | |
| This partnership firm has | been incorporated by M/s | [insert name of Lead |
| Member of partnership f | irm], a Company incorporated u | nder the laws of and having its |
| Registered Office at | (he | erein after called the "Member-1", |
| which expression shall is | nclude its successors, executors | and permitted assigns) and M/s |
| a Company | incorporated under the laws of an | nd having its Registered Office at |
| (he | ereinafter called the "Member-2", | which expression shall include its |
| successors, executors and | permitted assigns), M/s | _a Company incorporated under |
| the laws of and having | its Registered Office at | (hereinafter called the |
| "Member-n", which expre | ession shall include its successors, | executors and permitted assigns), |
| [The applicant should list | the details of all the partner firm | ns] for the purpose of submitting |
| request for installation of | grid connected SRTPV system. | |
| Further, the above authori | zed person namely Mr./Ms | (Name with |
| Contact Number) from_ | (Name of the | e partnership firm) is mutually |
| authorized to accept on ou | r behalf, all the terms and condition | ns (including all safety aspects)for |
| installation of grid connec | eted SRTPV program mentioned un | nder the Application forms or any |
| other format prepared in t | his behalf by TPSODL and to exe | ecute such documents, agreements |
| and other writing as may | be necessary or required for this pu | irpose. |
| The above authorized pers | son namely Mr./Ms | (Name with Contact |
| Number) is also nominate | ed as the contact person on our bel | half for any matter relating to the |
| Installation, Operation and | d Inspection of solar rooftop facilit | y. |
| For ready reference, a co | py of Partnership agreement and | letter of authorization is attached |
| with the application letter | | |

Signature of authorized Person (With Stamp of Lead Partner)