On Letter Head

			Date:		
То,					
The Capricorn Identity Services	Pvt. Ltd.				
709, Roots Tower, Plot No.: 7					
Laxmi Nagar District Centre					
Delhi: 110092, India					
Dear Sir/Mam					
	we (Namely s/o; and S/o	Mr		with Pan Residing with Pan Residing	No.
that we authorize and direct represent us and to apply for a certain statutory requirements. This authorization shall rema modification is served by us.	, the partnership do	oing business in the(Applertificate on behalf	State of West Be licant) a partner in of the company v	n said partnership which is required	p, to d for
Attached below is the specimer Thanks and Regards	າ signature and pho	tograph of the partr	ner being authorize	ed.	
Thanks and Negarus					
(Authorising Person)			(Applicant)		
Cross signed Picture			Cross signed Picture		

Photograph of Authorising Person

Photograph of Applicant