*(To be printed on Organization Letterhead with duly Sign and Stamp by the authorize person)*

**Identity Proof issued by Organization**

Date:

To,

VSign CA

2nd Floor, Bhavna Building, V.S. Marg,

Prabhadevi, Mumbai – 400025

|  |  |  |
| --- | --- | --- |
| Name of the Employee (Applicant) |  | Affix Employee Photo |
| Designation of the Employee (Applicant) |  |
| Identity Details of the Employee (Applicant)(Employee ID) |  |
| (Signature of the Employee) |
| Department of the Employee (Applicant) |  |

I hereby certify the identity of the above individual and issue this letter to him on behalf of the organization.

(Sign and Seal)

Name of the Issuer:

Designation of the Issuer:

Mobile Number: