

## **Non-Profit Organization Authentication**

This document serves as an authentication certificate for [Organization Name], a non-profit organization duly registered under the laws of [Country/State].

### **Organization Details:**

- **Name:** [Organization Name]
- **Registration Number:** [Registration Number]
- **Date of Establishment:** [Date of Establishment]
- **Registered Address:** [Address]
- **Mission:** [Brief Mission Statement]

### **Authorized Signatories:**

- [Name of Authorized Signatory 1], [Position]
- [Name of Authorized Signatory 2], [Position]

**Validity Period:** This authentication certificate is valid from [Start Date] to [End Date].

**Purpose of Authentication:** This authentication certificate is issued to confirm the authenticity and legitimacy of [Organization Name] for the purpose of [Specify Purpose, e.g., fundraising, partnership agreements, etc.].

**Verification:** This certificate can be verified by contacting the [Name of Authority/Department] at [Contact Information].

**Seal/Signature:** [Seal or Signature]