

# DECLARATION

I, the undersigned, do hereby declare that the above is a true and correct copy of the original document as it appears in the records of the [Name of the Institution/Office] and that the same has been duly authenticated by the [Name of the Authority/Officer] in charge of the records.

Witness my hand and seal this [Date] day of [Month], [Year].

[Signature]

[Name of the Officer]

[Designation of the Officer]

[Name of the Institution/Office]

[Address of the Institution/Office]

[City, State, and Zip Code]

[Country]

[Phone Number]

[Fax Number]

[E-mail Address]

[Website Address]

[Social Media Links]

[Other Contact Information]

[Additional Remarks]

[Signature]

[Name of the Officer]

[Designation of the Officer]

[Name of the Institution/Office]

[Address of the Institution/Office]

[City, State, and Zip Code]

[Country]

[Phone Number]

[Fax Number]

[E-mail Address]

[Website Address]

