

District e-Governance Society Alappuzha

District IT Cell Co-ordinator
Office of the District Collector
Alappuzha - 688001

Mob: 8547125885
email: nodalalp@gmail.com

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To,
Capricorn Identity Services Pvt. Ltd. (Capricorn CA) G-5 ,Vikas Deep
building , Plot . 18,
Laxmi Nagar District Center, Delhi-110092.

Sub: Authorization for obtaining KYC Digital Signature Certificate (**Certificate Type**) Dear Sir(s) / Madam(s):
With Subject to the below following Employee/Employees have applied for KYC Digital Signature Certificate the details are asunder.

Organization Name:_____

Department Name:_____

Address line:_____

Postal code:_____

Date of birth:_____

Employee Name	Designation/Employee number	Employee Mobile No	Employee Email id	Pan number

We declare that the above (employee or employees) are alive and are authorized signatory of Organization.

They are authorized to approve signature of other employees in our department and company.

The above information submitted is correct as par my knowledge.

For the Organization,

(Signature and seal of Department,)

Authorizing Person Name:_____

Designation:_____

Mobile No:_____