

Certificate of Business Registration

Government of [State/Authority Name]
Department of Industries / Registrar of Firms

Registration Number:	_____
Business / Firm Name:	_____
Type of Entity:	Proprietorship / Partnership / LLP / Pvt Ltd / Other
Date of Incorporation / Registration:	_____
Business Address:	_____

Owner / Authorized Signatory:	_____
Contact Number:	_____
Email ID:	_____

This is to certify that the above business has been duly registered under the applicable laws of [Country/State] and is authorized to conduct business as per the regulations in force.

Seal / Stamp:	_____
Signature:	_____
Name & Designation:	_____
Date:	_____