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

Identity Proof issued by Organization

Date:

To,
SignX CA,

<table>
<tr><td>Name of the Employee (Applicant)</td><td></td><td rowspan="2">Affix Employee Photo</td></tr>
<tr><td>Designation of the Employee

(Applicant)</td><td></td></tr>
<tr><td>Identity Details of the Employee (Applicant)(Employee ID)</td><td></td><td rowspan="2">(Signature of the

Employee)</td></tr>
<tr><td>Department of the Employee

(Applicant)</td><td></td></tr>
</table>

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: