

**Authorized Signature**

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Name: \_\_\_\_\_

Title/Designation: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Official Stamp**

**Important Notes:**

- This document is not valid unless signed and stamped by the authorized person/official.
- The signature must match the specimen signature on record.
- The official stamp must be clear and unaltered.
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