

Third Party Verification Declaration

Date: _____

To Whom It May Concern,

I, _____, holding the designation of _____ at _____, hereby declare that I have independently verified the following details regarding:

Subject Information

Name of Subject

Date of Birth

Address

Other Relevant Details

Verification Details

The following information/document(s) have been reviewed for the purpose of this verification:

- _____
- _____
- _____

I confirm that to the best of my knowledge and belief, the above information is accurate, correct, and verified independently as on the date of this declaration.

Signature: _____

Name: _____

Designation: _____

Organization: _____

Contact Number: _____

Email: _____

Date: _____

Important Notes

- This declaration must be completed and signed by an authorized third party (e.g., employer, institution official, verifier).
- Ensure that all supporting evidence or documents are attached or provided for review.
- Any incorrect or misleading information may result in the rejection of the verification.
- This document is intended solely for verification purposes and should not be construed as a legal certification.
- Contact details of the verifier are required for authenticity verification if needed.