

# Authorization Letter by Organization

(To be printed on organization **letter head** / Office seal. To be signed by Authorized Signatory / Government Department in-charge. To be used, if the authorization is not made on Application Form.)

To,  
Capricorn Identity Services Pvt. Ltd.  
G-5, Vikas Deep Building, Plot-18,  
Laxmi Nagar District Centre, Delhi- 110 092, India

## Subject: Authorization of the applicant by the organization

I hereby Authorize the below applicant to apply for Digital Signature / Encryption Certificate, on behalf of the Organization.

Organisation Name	
Department Name	
Name of the Applicant	
Designation	
Email ID	
Contact Number	
Class of Certificate	Class-2 / Class-3
Type of Certificate	SIGNATURE / ENCRYPTION / COMBO

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For the Organization,

|                         |  |
|-------------------------|--|
| Authorizing Person Name |  |
| Designation             |  |
| Contact Number          |  |

(Seal & Signature)