**Mask: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I am an official

Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incorporated under companies’ ordinance of Pakistan holding NTN number or letter # (\_\_\_\_\_\_\_\_\_\_\_\_) On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I authorize to use the Mask Name \_\_\_\_\_\_\_\_\_\_\_\_\_ to carry out communication with our clients.

We also agree to the terms and conditions outlined in the agreement.

Date:

Signature:

Name: