**The employer name is:…………………………**

**Below is the Specimen signatures for the authorized person/s :**

|  |  |
| --- | --- |
| **Title** | **Authorized Name** |
|  |  |
| **The Specimen signatures** |
|  |  |
| **Title** | **Authorized Name** |
|  |  |
| **The Specimen signatures** |
|  |  |
| **Title** | **Authorized Name** |
|  |  |
| **The Specimen signatures** |
|  |  |
| **Title** | **Authorized Name** |
|  |  |
| **The Specimen signatures** |
|  |  |
| **Official stamp** |
|  |