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

I (Individual Authority Name), hereby declare that I am an official representative of (Company Name), Address, (Company Address) Incorporated under companies ordinance of Pakistan holding NTN number (Company NTN). On behalf of (Company Name), I (Individual Authority Name) authorize to use the brand name (Mask Name) to carry out communication with our clients **and ignore all duplicate requests received to PTA for above mentioned Mask Name.**

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Designation:­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_