

Ref.: ARL/Auth/1920/10

Date _____

AUTHORITY LETTER
TO WHOMSOEVER IT MAY CONCERN

This is to certify that ARL Retail Pvt. Ltd. deals in medicines and other essential daily usage commodities.

This is to declare that Mr.
, S/o R/o
is our independent distributor at

Mr., is required to move in his area for distribution of the medicines to various chemist shops/doctors and other essential products to kiriyana stores.

Hence, it is requested that he may be permitted to move in his area of operation to perform his job.

For ARL Retail Private Ltd.

Authorised Signatory

