## ANNEXURE - 5

## VERIFICATION

2. I also certify that I am duly authorized to submit this application on behalf of and bind the firm.

3. I also confirm that in the event of any change in agency agreement, termination of the agreement and/or change in the management of the applicant firm, the same will be duly intimated to the UP Police within 15 days of such change.

Authorized Signatory With seal

Witness by (Name & Address) (1) (2) Place: Date: