COMPANY NAME: COVERTING LOWISTICS.
Date: 11 3 2020
To: Whom It May Concern
Letter of Employment and Authorization
We hereby certify that SHAPLE BIN DIN of NRIC No \$127 0257! (Name of Employee) working in the company since 245 2018 (Date)
We hereby authorize SHAME BIN DIN of NRIC No S 127 02570 to (Name of Employee) drive the company vehicle KN2875 Z on 11 12019. (Vehicle No.) (Date of Accident)
Signature

Name and position