Date of Issuance: [Insert Issuance Date]

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To Whom It May Concern,

This letter serves to certify that [Name of Individual/Organization] is granted [Type of Permission/Membership/Authority] effective from the date of issuance listed above.

Please be advised that this document and the rights associated with it will remain valid until the close of business on the date of expiration. After this period, this letter shall be considered null and void unless a formal extension is granted in writing.

For any verification or inquiries regarding the validity of this letter, please contact [Contact Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Authorized Signatory]
[Job Title]
[Organization Name]