

**Business Name/Letterhead**  
**Address Line 1, Address Line 2**  
**Contact: \_\_\_\_\_**

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

To,  
The Manager  
[Insurance Company Name]  
[Branch/Office Address]

**Subject: No Objection Certificate (NOC) for Third Party Liability Insurance**

Dear Sir/Madam,

This is to certify that we, **[Business Name]**, having our registered office at **[Address]**, have no objection with respect to obtaining a Third Party Liability Insurance policy for the purpose of \_\_\_\_\_ by **[Name of Applicant/Concerned Party]**.

We confirm that we have reviewed the terms of insurance and acknowledge the need for such coverage. This NOC is being issued upon the request of the applicant and is intended to facilitate the processing of their third party liability insurance.

Please feel free to contact us for any further clarification or information.

Thank you.

Authorized Signatory

\_\_\_\_\_  
Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Company Seal