



DELTA CATION SOLUTIONS



Authority Letter

Date: 16-10-2025

We at Delta Cation Solutions (partner of DataFlow Group) hereby authorise **Mikael Dúi Bolinder**

- To get a detailed employment certificate verification of **Evgenii Glukhaniuk** from **MedPrestige OÜ**
- To take pictures of the authority signboards and the building to confirm its existence.
- To get any other necessary information that would aid in the verification of the candidate.

We confirm that Mikael Dúi Bolinder is our representative in Estonia, and Delta Cation has issued this letter to her specifically to perform the above-mentioned task. For any further details, you can contact us at the email and phone number mentioned below.

We are a partner company of Dataflow Group.



Afra Malik

Afra Basharat

Operations Officer

Delta Cation Solutions

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afrabasharat@deltacation.com



MedPrestige OÜ (“Company”)

Address: Harju maakond, Tallinn, Kesklinna linnaosa, J. Vilmsi tn 47, 10115
State file number:16913895

Date: September 10, 2025

Re: Mr. Evgeniy Glukhanyuk commercial services’ confirmation

To Whom It May Concern

It is hereby certified that **Mr. Evgeniy Glukhanyuk** has been engaged as a Consultant with Express Doctor (**MedPrestige OÜ, hereinafter - the “Company”**) since November 2024 to the present date in accordance with Service Agreement dated November 05, 2024. His primary responsibilities include providing expert consultation and support within our service framework.

This letter is issued upon the employee’s request and it does not constitute a financial guarantee on our part.

Should you require any further information, please do not hesitate to contact us.

For and on behalf of MedPrestige OÜ

Name: Olga Moroz

Title: Management Board Member

This certification is issued to The DataFlow Group

NOTE: Questions marked with * are REQUIRED fields in any case. If there is no possible answer, please write a sentence explaining the issue in front of the field.

DOCUMENT AUTHENTICITY		
Candidate Name*:		
Date of Verification*:		
1	<i>Place an X mark in the box to the right based on the document submitted by the candidate</i>	Yes
		No
	1.1 Is the document genuine and issued by your organization?*	
<p><i>If you selected Yes in Section 1.1, please proceed in completing section 2 and 3 only. If you selected No in Section 1.1, please continue completing sections 2 and 4 of this form.</i></p>		
VERIFIER DETAILS		
<i>Please enter the details of the authorized individual who provided the verification below</i>		
2	2.1 Name of Verifier*	
	2.2 Designation*	
	2.3 Department*	
	2.4 Contact Number*	
	2.5 Email Address*	
	2.6 Seal/ Stamp*	

EMPLOYMENT DETAILS		
<i>Please specify the following employment details based from your record. Place an X mark in the box to the right.</i>		
3.1 Nature of Employment* (please specify whether employment is Full Time, Part Time, Online)	<input type="checkbox"/>	Full Time
	<input type="checkbox"/>	Part Time
	<input type="checkbox"/>	Online
3.2 Is the candidate permitted to work with another organization while employed at your organization?*	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
3.3 Is the position held by the candidate requiring professional license?*	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
3.4 Please specify the relieving date / employment end date if the candidate is no longer employed in your organization.* (Indicate Currently Employed when candidate is still employed in your organization)		
3.5 ADDITIONAL EMPLOYMENT DETAILS		
1st Employment*	Start Date of Employment	<input type="text"/>
	End Date of Employment	<input type="text"/>
	Designation	<input type="text"/>
2nd Employment (only fill if applicable)	Start Date:	<input type="text"/>
	End Date:	<input type="text"/>
	Designation	<input type="text"/>
NON-AUTHENTIC DETAILS (FILL ONLY IN CASE PRESENTED DOCUMENT IS FAKE OR CONTAINS WRONG INFORMATION)		
<i>Place an X mark in the box before section 4.1 and 4.2 to specify why the certificate is not genuine.</i>		
4	<input type="checkbox"/>	4.1 Certificate of Employment was not issued by our organization. <i>Please provide explanation why you deemed that the certificate was not genuine and was not issued by your organization.</i>
	<input type="checkbox"/>	
	<input type="checkbox"/>	4.2 Certificate was issued by our organization but

	detail(s) are incorrect	
	<i>Please select which detail(s) are incorrect by placing an X mark to the right of items below and then enter the correct details to the right based from your record.</i>	
	4.2.1 Job Title is incorrect	
	4.2.2 Start Date of Tenure is incorrect	
	4.2.3 End Date of Tenure is incorrect	
	4.2.4 Signatory of the document is not authorised to provide a Letter of Employment	
	4.2.5 Signature of the signatory is not authentic	
4.2.6 Format/Letterhead and/or contact number is not used by the organization		

Guidelines to fill the Form

1. Please clearly fill all the details to the best of your knowledge as these details will be used for future employment of the candidate and may hinder the candidate's hiring process.
2. In the first section please mention date of verification, candidate's full name as per records and mark the authenticity of document as either genuine or not.
3. In the second section, please mention the signatory's/verifier's name, designation, department, contact number and email number along his/her signatures and official seal/stamp.
4. In the third section, specify employment type (full-time, part-time, etc.), permission for other jobs, any required license, employment dates (START AND END), job title, and note any gaps. If still employed, state this clearly. If records are missing, state "Records not Available. "
5. Any **info, sign or stamp** not clearly mentioned would be considered invalid.
6. Kindly stamp and sign from **authorized official** to perform the task.
7. If any detail is not available, kindly mark as "Records Not Available."
8. In case any detail is not available because of a specific requirement **please mention the reason in the relevant field.**
9. In case the certificate is not issued by the institution or details are not correct please specify these details in column 4, these details are necessary requirements for finding the authenticity of the document and maybe used to take further necessary decision regarding employment of the candidate.

Letter of Authorization

I hereby authorize the DataFlow Group, its authorized affiliates, agents and subsidiaries acting on its behalf, to verify the information and documents presented with my application form; including, but not limited to, education, employment and licenses.

I hereby grant authority for the bearer of this letter (the DataFlow Group, its authorized affiliates, agents and subsidiaries) to obtain the information requested.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I confirm and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

I acknowledge the right for the Information Recipient to disclose my information to a third party.

I acknowledge that I have read and hereby agree to the collection, use, processing and transfer of data about me in accordance with the DataFlow Group Applicant Privacy Policy, a copy of which is available on the Dataflow Group website.

www.dataflowgroup.com/applicant-privacy-policy

