

Letter of Authorization

Date:

To Whom It May Concern,

I, , hereby authorize to act on my behalf in all matters relating to my application for .

My details are as follows:

Full Name:

Address:

Contact Number:

Identification Number:

The authorized representative's details are as follows:

Full Name:

Address:

Contact Number:

Identification Number:

This authorization is valid until , unless revoked by me in writing prior to this date.

Thank you for your attention.

Sincerely,

Signature: _____

Name:

Date: