

## Statement of Authorized Agent

Date:

I, , hereby declare that I am the authorized agent of .

My authority to act on behalf of the principal is granted by (type of document or authorization): .

This authorization is valid from  to .

I affirm that all actions performed within this period are on behalf of the principal and in accordance with the authority granted.

Signature of Authorized Agent:

Date:

Signature of Principal (optional):

Date: