

Proxy Authorization Document

Date:

I, , hereby authorize to act on my behalf for the purpose of on the date(s) of .

Authorizer's Details:

Name:

ID/Passport No.:

Contact Number:

Address:

Proxy's Details:

Name:

ID/Passport No.:

Contact Number:

Address:

This authorization is valid until , unless revoked earlier.

Signature of Authorizer: _____

Date:

Signature of Proxy: _____

Date: