

Authorization Letter

Date-:

This is to certify that I (Applicant's Name)
Authorize my agent/ representative, whose signatures are verified below, to collect the sealed envelope on my behalf.

If Agent, please fill the following details: -

Name of the Agency: -

Staff Name who will collect the sealed envelope: -

Contact Details of the Agency: -

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Specimen Signature of the authorized agent: -

If Representatives, please fill the following details: -

Name of the Person: -

Id Number of the Person: -

Relationship with the Applicant: -

Specimen Signature of the authorized recipient: -

Please note that representative / Agent are required to bring the original Identity proof, for verification purpose. The envelope containing passport / document will NOT be handed over without original Identity proof.

Applicants Signature

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VFS Reference Number / Passport Number

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