To IELTS CEPAS Management Unit

Letter of Authorization

I,		, *Passport/Ide	ntity Card No_		,
(Name of Candida hereby authorize	•	(Full	Name), hold	er of *P	assport /
Identity Card No.		_, my	(r	elationship	o to you)
to collect my *T	est Report Form / F	Refund cheque	on my behal	f.	
I understand that	my authorized pe	erson as name	ed above may	have to	sign an
acknowledgement	slip or declaration	on behalf of	me, and any	decisions	made by
him/her will be FIN	NAL and IRREVO	CABLE.			
Signature of Applie	cant	Ī	Date		
(Authorized persor	need to submit a c	opy of Candida	nte's ID docum	nent.)	
* Delete as necessary					
For Office use onl	×70			••••••	
☐ ID Checked (A	•				
Handled by :					