

# 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.

Fill the following details

Name of the Agency (If applicable).....

Representative Name who will collect the Passport.....

Id Number of the Representative.....

Contact Details.....

.....

Specimen Signature of the authorized representative.....

**Please note that representative must bring the original Identity proof, for verification purpose. The passport / document will not be handed over without original Identity proof.**

Applicants Signature

BLS Reference Number / Passport Number