

Letter of Authority

Date: _____

This is to certify that I _____ (applicant's name and surname), with passport number _____ hereby authorizes the representative, whose signature is verified below, to collect the outcome of my application on my behalf.

To be completed by representatives

Name of Representative: _____

Name of the agency (if applicable): _____

Agency Contact Details: _____

Signature of the representative authorized to collect: _____

Please note that the representative is required to bring in original proof of their identity for verification purposes

Applicants Signature

Collection Officer's Signature