

**Authorization Letter**

**Date-:**

This is to certify that I ..... (Applicant's Name)  
Authorize my agent/ representative, whose signatures are verified below, to act on my behalf to receive information, submit or collect the sealed envelope/documents once processed.

**If Agent, please fill the following details: -**

Name of the Agency: - .....

Staff Name who will collect the sealed envelope: - .....

Contact Details of the Agency: - .....

.....

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 submit/bring the original Identity proof, for verification purpose. No information will be provided and no envelope containing passport / document will NOT be handed over without original Identity proof.**

Applicants Signature

.....

BLS Reference Number / Passport Number

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