

**[YOUR NAME / COMPANY NAME]**

[Address Line 1] · [Address Line 2]

[Phone] · [Email]

[DATE]

[Organisation / Office Name]

[Address]

**Subject: Letter of Authorization**

To Whom It May Concern,

I, [YOUR FULL NAME], holder of [ID / PASSPORT NUMBER], hereby authorise [AUTHORISED PERSON'S FULL NAME], holder of [THEIR ID / PASSPORT NUMBER], to act on my behalf for the purpose of [SPECIFIC PURPOSE — e.g. collecting my certificate, signing delivery documents, processing my application] at [ORGANISATION / LOCATION].

This authorisation is valid from [START DATE] to [END DATE], unless revoked earlier in writing. The authorised person may [LIST PERMITTED ACTIONS] but may not [ANY LIMITS, e.g. make payments on my behalf].

Copies of both our identification documents are attached for verification. Please extend to [AUTHORISED PERSON'S NAME] the assistance you would provide to me.

Should you require any confirmation, I can be reached at [PHONE / EMAIL].

Sincerely,

[Your Full Name]

[ID Number]

Signature: \_\_\_\_\_

[Date]