

# AUTHORIZATION LETTER

PHONE : 011-41779200

FAX : 011-41617815

Date of Application \_\_\_\_\_

I \_\_\_\_\_, PASSPORT NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_, HEREBY AUTHORIZE  
\_\_\_\_\_, TELEPHONE NUMBER \_\_\_\_\_  
TO COLLECT THE PASSPORT ON MY BEHALF.

\_\_\_\_\_  
DATE/PLACE/SIGNATURE/MOBILE NO.