

## 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.

If you are an **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 agent authorized to collect

.....

If you are a **Representative**, please fill the following details.

Name of the person- \_\_\_\_\_

Citizen ID number of the person- \_\_\_\_\_

Relationship with the applicant- \_\_\_\_\_

Specimen signature of the representative authorised to collect-

.....

**Please note:** Representatives or Agents are required to bring in originals proof of their identity for verification purpose. If we are unable to verify your identity, we will not be able to provide any sealed envelopes to you.

Applicants Signature

\_\_\_\_\_.

VFS Reference Number (KTM--xx-xxxxxx-x)-

\_\_\_\_\_.