Authorisation Letter

Issued by the authoriser; the authorised person signs the acknowledgement.

YOUR NAME | REF. NO. | DATE

YOUR ADDRESS

To

NAME | DESIGNATION / ORGANISATION

ADDRESS

Subject: Authorisation to act on my behalf

AUTHORISED PERSON | THEIR ID (TYPE AND LAST 4 DIGITS)

MATTER

VALID FROM | VALID UNTIL

I authorise the person named above to act on my behalf only in the matter described, within the dates stated. Please accept their signature and identity in this matter as you would mine. This letter does not grant any wider power and is not a power of attorney.

SIGNATORY NAME | DESIGNATION

Authoriser

SIGNATURE

PRINTED NAME | DATE

Acknowledgement

SPECIMEN SIGNATURE

I accept this authorisation, will act only within it and will carry my original ID.

Authorised person

SIGNATURE

PRINTED NAME

DATE