Authorisation to Collect Documents

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

YOUR NAME | REF. NO. | DATE

YOUR ADDRESS

To

NAME | DESIGNATION / ORGANISATION

ADDRESS

Subject: Authorisation to collect documents

OFFICE / INSTITUTION | APPLICATION / REF. NO.

DOCUMENTS TO BE COLLECTED

AUTHORISED PERSON | RELATIONSHIP | THEIR ID NO. (LAST 4)

I am unable to collect the documents above in person. I authorise the person named to collect them on my behalf. Copies of my ID and theirs are attached. Please hand over the documents to them against their signature.

SIGNATORY NAME | DESIGNATION

Applicant

SIGNATURE

PRINTED NAME | DATE

Acknowledgement

COPY OF MY ID

I will hand the documents to the applicant unopened and on the same day where possible.

Authorised person

SIGNATURE

PRINTED NAME

DATE