

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 **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 Representatives, please fill the following details.

Name of the Person-

Id Number of the Person-

Relationship with the Applicant-

Specimen Signature of the representative authorized to collect-

Please note that representatives/ Agent are required to bring in originals proof of their identity for verification purpose, failing which the sealed envelopes will NOT be handed over.

Applicants Signature

_____.

VFS Reference Number (vfs-za-xx-xxxxxx-x)

_____.