

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: _____

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. Original invoice/receipt needs to be produced when collecting sealed envelopes.

Applicants Signature

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