## **Authorization Letter**

| This letter serves to authorize Mr/ | Ms                            |                            |   |
|-------------------------------------|-------------------------------|----------------------------|---|
| to collect my / our passports from  | Visa Collection Center on or  | ur/my behalf.              |   |
| My/Our passport details are as foll | ows:                          |                            |   |
| Name in Passport                    |                               | Passport Number            |   |
| ROHIT                               |                               | W6633371                   |   |
|                                     |                               |                            | _ |
|                                     |                               |                            |   |
|                                     |                               |                            |   |
|                                     |                               |                            |   |
|                                     |                               | A                          |   |
| The authorized person's photo ID    | is attached and his signature | s are attested here under  |   |
| The authorized person's photo in    | is attached and his signature | s are attested here under. |   |
|                                     |                               | <i>y</i> ,                 |   |
| Authorized by:                      |                               |                            |   |
| Authorized by.                      |                               |                            |   |
| D Asi                               |                               |                            |   |
| Robert                              | Robert                        |                            |   |
| (Name)                              | (Signatures)                  | Cell No.                   |   |
|                                     |                               |                            |   |
|                                     |                               |                            |   |
| Authorized Person's Name:           |                               |                            |   |
|                                     |                               |                            |   |
|                                     |                               |                            |   |
|                                     | (0:                           | (D-4-)                     |   |
| (Name)                              | (Signatures)                  | (Date)                     |   |
|                                     |                               |                            | - |

Note: By signing this authorization letter, you absolve Team CGI of any responsibilities once the passports have been delivered and are in the possession of the person authorized to act on your behalf.