

Authorization Letter

Date:-

This is to certify that I (Applicant's Name) Authorize my agent/ representative, whose signatures are verified below, to collect the passport/sealed envelope on my behalf.

- **If Agent, please fill the following details: -**

Name of the Agency: -
Staff Name who will collect the passport/sealed envelope: -
Contact Details of the Agency: -
Specimen Signature of the authorized agent: -

- **If Representatives, please fill the following details: -**

Name of the Person: -
Id Number of the Person: -
Relationship with the Applicant: -
Specimen Signature of the authorized recipient: -

Please note that representative / Agent is required to bring the original and copy of Identity proof, for verification purpose. The envelope containing passport / document will NOT be handed over without original receipt provided by ISRAEL VISA SERVICES, passport copy of each applicant and Identity proof of person collecting passports/documents. Individual authority letters should be provided duly signed by each applicant.

Applicants Signature

ISRAEL VISA SERVICES Reference Number / Passport Number

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