

## **Power of Attorney**

Date:	
This is to certify that I	
Passport number	do hereby appoint
Mr/Mrs	ID no
to collect the outcome of my decision	on, on my behalf.
To be completed by representati	ves
Name of Representative:	
Name of the agency (if applicable):	<u>.                                    </u>
Agency Contact Details:	
Signature of the representative aut	horized to collect:
identity for verification purposes applicant's original passport neet the VFS representative will endo	ive is required to bring in original proof of their is as well as original Invoice-cum-receipt. The eds to be available when collecting the permit as the permit inside the passport if approved. It is applicant's original passport and other when collecting.
Applicants Signature	VFS Officer's Signature