

Authorized Representative Loss Declaration Document

1. Declarant Information

Name of Declarant:

Full Name

Position/Title:

Position or Title

Organization/Company:

Organization Name

Contact Number:

Phone Number

Email Address:

Email

2. Details of Loss

Description of Lost Document/Item:

Document/Item Description

Date and Place of Loss:

Date and Place

Circumstances of Loss:

Details of Circumstances

Report/Reference Number (if any):

Reference No.

3. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I make this declaration as the authorized representative of the organization indicated above and am fully aware that any false statement may have legal consequences.

Signature of Declarant:

Date:

Authorized Representative Details (if different):

Name _____

Position _____

Signature:

Date:

Important Notes:

- This declaration should be made carefully and all information must be accurate.
- Supporting documents (e.g., police report, company authorization letter) may be required.
- False declarations could result in legal consequences and invalidate this statement.
- Only authorized representatives acting on behalf of an organization/company should complete this document.
- Retain a copy of this declaration for your own records.