

Declaration and Authorization

I, [Full Name], holder of [ID/Passport Number], residing at [Address], hereby declare the following:

Declaration

I declare that all the information and documents submitted as part of this application are true, correct, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the rejection of my application or termination of the relevant service/benefit.

Authorization

I hereby authorize [Organization or Recipient Name] to verify the information provided and to obtain any necessary documents from relevant parties for the purpose of processing my application. I consent to the use and processing of my personal data in accordance with applicable laws and regulations.

Name & Signature

Date

Important Notes:

- Ensure all details provided in this form are accurate and complete.
- Only authorize parties you trust or as required by official processes.
- This document may need to be accompanied by supporting identification documents.
- Sign and date the document in the presence of a relevant authority if required.
- Read all contents carefully before signing to ensure full understanding and consent.