

Authorization Letter

Date: _____

To Whom It May Concern,

I, _____ (your full name), hereby authorize _____ (authorized person's full name) to act on my behalf in the following matter(s):

This authorization is valid from ____ to ____ (inclusive dates).

Identification Details:

Name of Authorizer: _____

ID Number of Authorizer: _____

Name of Authorized Person: _____

ID Number of Authorized Person: _____

Signature of Authorizer

Signature

of

Authorized Person

Important Notes:

- Ensure all details are accurate and clearly written.
- Attach valid IDs of both parties for verification.
- The scope and duration of authorization should be precisely specified.
- This document may require notarization, depending on your local regulations.
- Both parties should keep a copy for record purposes.