Date:

AUTHORIZATION LETTER

Name (of the person authorizing): ……

Surname: ……...

Address: …….

Phone number: …….

E-mail address: …….

This letter serves to authorize Mr./ Mrs. ……... to collect my/ our passport(s) from the Visa Application Center for Greece on my/ our behalf. By this, the above person is NOT authorized to open the passport return envelope(s) containing my/ our passport(s), as this should be done EXCLUSIVELY by me/ us/ the Applicant(s).

My/ Our passport(s) details are as follows:

Name in Passport	Passport Number

The authorized person's original ID proof and a photocopy of it is attached and his/ her signatures are attested hereunder:

Authorized by:

_____ _____

_____ _____

_____ _____

_____ _____

(Name) (Signature)

Authorized Persons' Name:

_____ _____

(Name) (Signature)

Note: By signing this authorization letter, you discharge the Visa Application Center for Greece Team of any responsibilities once the passports have been delivered and are in the possession of the person authorized to act on your behalf.

Global < < < Visa < < < <Center < <