

# Authorization Letter To Process Documents

**Date:** [Insert Date]

**To Whom It May Concern,**

I, [Your Full Name], holding the identification number [Your ID Number], residing at [Your Address], do hereby authorize [Name of the Authorized Person] with the identification number [Authorized Person's ID Number], residing at [Authorized Person's Address], to process, receive, and handle all necessary documents on my behalf related to [Specify the Purpose or Document Name].

The scope of this authorization includes but is not limited to:

1. Collecting and submitting documents.
2. Signing papers related to [Specify Document Type or Purpose].
3. Making necessary decisions to facilitate the process.

This authorization is valid from [Start Date] to [End Date], during which [Name of the Authorized Person] has my full consent to act within the stated capacities.

I trust that this letter will be sufficient to prove my consent for [Name of the Authorized Person] to act on my behalf. Should there be any queries or additional confirmations required, please feel free to contact me at [Your Contact Information].

Thank you for your attention and cooperation.

**Sincerely,**

[Your Full Name]

[Your Signature]

[Your Contact Information]