

Authorization Letter to Process Documents to Claim

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], holder of identification number [Your ID Number], currently residing at [Your Address], hereby authorize [Name of the Authorized Person], with identification number [Authorized Person's ID Number], residing at [Authorized Person's Address], to process and claim documents on my behalf.

This authorization particularly pertains to [Specify the Documents or Nature of the Claim], for which I am unable to be physically present due to [Reason for Inability to Attend, if applicable].

Scope of Authorization:

- Collection of documents from [Specify Location or Institution].
- Signing any necessary paperwork pertaining to the claim.
- Complete any formalities required for the successful processing and claiming of documents.

Validity: This authorization is effective from [Start Date] and will remain in effect until [End Date] or until the task is completed, whichever is earlier.

I assure that [Name of the Authorized Person] has the necessary capacity and my full trust to act in this regard. For any further verification or queries related to this authorization, please contact me at [Your Contact Information].

Your cooperation in this matter is highly appreciated.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Contact Information]