

## **Power of Attorney**

Date:			
This is to certify that I	do	hereby	_ Passport number
Mr/Mrs	ID no		
application on my behalf.			
To be completed by representatives.			
Name of Representative:			
Name of the agency (if applicable):			
Agency Contact Details:			
Signature of the representative authoriz	zed to collect:		
Please note that the representative is rec purposes. The applicant's original passpo		•	-
Applicants Signature		BLS Office	r's Signature