## Letter of Authorization

| Name of the sender   |
|--|
| Address  |
| Contact details  |
| Email details  |
| Date-DD/MM/YYYY  |
| Name of the receiver   |
| Address  |
| Contact details  |
| Email details  |
| Subject:   |
| Dear,  |
| I/We (mention name/organization), in the industry (mention the industry) located at (mention the location) would like to authorize (mention the name) to (mention the reason of the authorization).  |
| He/she will represent me/us in the (mention about the reason) and have full authorization in completing the process successfully. However, they are authorized with the date effective from the letter you receive and shall be the person of authority until you receive the notice further from our side. They cannot take any decision on the behalf of the organization and they are only authorized to act on the steps mention in this letter. |
| I am also attaching verification documents of the identity that will help you to complete the process. In case of any query please feel free to contact us/me anytime.   |
| I/we would like to thank you for the complete support and cooperation.   |
| Yours sincerely,   |
| Your name  |
| Contact details  |
| Email details  |