**AUTHORIZATION\***

With this present Authorization I, the undersigned principal

 Full Name: ......................................................................................................................

 Mother’s Maiden Full Name: .........................................................................................

 Address: ..........................................................................................................................

 ID Number: ......................................................................................................................

authorize

Full Name: ......................................................................................................................

 Mother’s Maiden Full Name: .........................................................................................

 Address: ..........................................................................................................................

 ID Number: ......................................................................................................................

**at the Faculty of** ……………………………………………………………………………….

**in the matter of** ………………………………………………………………………………….

to act on behalf of me.

The present document is only valid concerning a matter of authorization.

Date (Place, DD/MM/YYYY): ..............................................., \_\_. \_\_\_. \_\_\_\_\_\_.

 ........................................................ ........................................................

 Signature of Principal Signature of Attorney

**Witness (1) Witness (2)**

Full Name:.......................................................... Full Name:.........................................................

ID Number: ......................................... ID Number: ………………………………

Address: ...................................................... Address: …………………………………………...

 ........................................................ ........................................................

 Signature of Witness (1) Signature of Witness (2)

***\*Please complete this form in BLOCK CAPITALS.***