

## Authorization letter

Date-:

This is to certify that I .....(Applicant's Name) Authorize my agent/representative, whose signatures are verified below, to collect the passport/sealed envelope on my behalf.

- IF Agent, Please fill the following details: -

Name of the Agency: - .....

Staff Name Who Will Collect the passport/sealed envelope: - .....

Contact Details of the Agency: - .....

Specimen Signatures of the authorized agent: - .....

- If Representatives, please fill the following details : -

Name of the Person: - .....

Id Number of the Person: - .....

Relationship with the Applicant: - .....

Specimen Signature of the authorized recipient: - .....

**Please note that representative/ Agent is required to bring the original and copy of Identity proof, for verification purpose. The envelope containing passport/ documents will NOT be handed over without original receipt provided by IVS, passport copy of each applicant and Identity proof of person collecting passports/documents. Individual authority letters should be provided duly signed by each applicant.**

Applicant's Signature

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ISRAEL VISA SERVICES Reference Number/ Passport Number

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