

AUTHORIZATION FORM IN FAVOUR OF BLS VISA APPLICATION CENTRE

I, (name of the applicant) _____, holder of passport no: _____,

Visa applied for: (category of visa) _____, authorize the BLS staff:

- To submit my visa application at the Embassy of Spain in New Delhi.
- To receive any communication/information on my behalf.
- To collect the passport on my behalf after the application has been processed.

I also authorize BLS Visa Application Centre to receive and to sign acknowledgement of receipt in my name of any notification, requests, summons, rejection etc from the Embassy of Spain, as well to undertake at the Embassy any other step necessary for the processing of the application.

Date:

Signature of the applicant:

Contact details of the applicant:

ACKNOWLEDGEMENT. RECEIPT OF PASSPORTS

Today BLS has withdrawn/ received from the Embassy of Spain in New Delhi the passport(s) belonging to Mr. /Mrs....., with BLS application number.....

Passport number.....

Date:

Name & Signature of BLS Staff

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AUTHORIZATION FORM IN FAVOUR OF BLS VISA APPLICATION CENTRE

(For minor applicants)

We, (name of the mother) _____ holder of passport no: _____ and
(name of the father) _____, holder of passport no: _____, as
parents of the minor applicant(s)

Name of the minor applicant: _____ Date
of Birth: _____
Passport no: _____

Name of the minor applicant: _____ Date
of Birth: _____
Passport no: _____

Name of the minor applicant: _____ Date
of Birth: _____
Passport no: _____

Authorize the BLS staff:

- To submit his/her/their visa application at the Embassy of Spain in New Delhi.
- To receive any communication/information on our behalf.
- To collect the passport on our behalf after the application has been processed.

We also authorize BLS Visa Application Centre to receive and to sign acknowledgement of receipt in our name of any notification, requests, summons, rejection etc from the Embassy of Spain, as well to undertake at the Embassy any other step necessary for the processing of the application.

Signature of the mother: _____

Signature of the father: _____

Date: _____

Contact details of the parents: _____

ACKNOWLEDGEMENT, RECEIPT OF PASSPORTS

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Passport number.....

Date:

Name & Signature of BLS Staff

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