

Letter of Authorization

To: _____ (organization or person who will rely on this letter).

From: the person signing below, of _____ (address).

Reference: _____ (account, customer or case number, if any).

I authorize the person named below to act on my behalf in the matter described in this letter, within the limits set out here.

1. Authorized person

Full name: _____.

Address: _____.

Contact details: _____.

Identity document number: _____ (only if the addressee requires it).

Relationship to me: _____.

2. Matter

This authorization covers only the following matter: _____.

It does not cover other accounts, cases or applications I may have with the addressee.

3. What the authorized person may do

In this matter, the authorized person may: _____.

They may also receive information and documents about the matter and sign routine forms needed to complete these tasks.

4. What the authorized person may not do

The authorized person may not: _____.

They may not act for me in any other matter, pass this authority to anyone else, or receive money or property on my behalf unless this letter expressly allows it above.

5. Sharing information

I agree that the addressee may share information about the matter with the authorized person, to the extent needed for the tasks above. This includes information the addressee would otherwise give only to me.

6. Period

This authorization starts on _____ and ends on _____. It also ends when the matter is completed, if that happens earlier.

The addressee may rely on a printed or electronic copy of this signed letter.

7. Cancelling this authorization

I may cancel this authorization at any time by telling the addressee in writing at _____. Actions the authorized person took within these limits before the addressee received my notice are not affected.

8. Identification and confirmation

The authorized person will show this letter together with their own identity document.

If you need to confirm this authorization, please contact me at _____ (phone or email).

9. Responsibility

I confirm that the information in this letter is correct. I accept responsibility for what the authorized person does within the limits of this letter.

The authorized person acts on my instructions and will keep me informed about the matter.

Signature

Full name

Date