AUTHORISATION LETTER

I,		(Name of Applicant, holder of
Passp	ort type and number / Identity Card No	
hereb	y authorise	(Name of applicant's
repres	sentative), who is my	(state
relatio	onship, e.g., Father, mother, sibling, fri	end, business associate etc.) holder of
Passp	ort type & number / Identity Card No	And
email,	/contact number	
to	submit my visa application and on my behalf Collect my passport with its vi (tick accordingly)	
To: At:	CIVICA TRAVELS PVT LTD. Aakriti Towers, 19 Vidhan Sabha Marg, Lucknow – 226001	(Name of AVA) (address/location of AVA)
Signature of Applicant Accepted by AVA:		Date
Signs	ature of AVA	 Date