

To: The Consulate General of Greece in Johannesburg

**AUTHORIZATION FORM**

I, the under signee  
(Name & Surname).....  
holder of passport number.....  
authorize.....

to submit my application for a Schengen Visa to the Consulate General of Greece in Johannesburg, pay the relevant fee and to collect the Visa once issued.

Date:.....

Place:.....

Signature:.....

If applicable

Authorization for submission of application and collection of Visa issued on behalf of my children named below

Name & Surname:.....

Passport Number:.....

Name & Surname:.....

Passport Number:.....

Name & Surname:.....

Passport Number:.....

Name & Surname:.....

Passport Number:.....

**Certified** for the authenticity of the signature of

Mr/Mrs/Ms.....

by Police Station  or Commissioner of Oath  (tick where applicable)

(Place, date, signature and seal)