

## AUTHORISATION / POWER OF ATTORNEY

I, (applicant's name)

Name, First name	
Passport number	
Date of birth	

hereby authorize (representative's name)

Name, First name	
Passport number, ID number	
Date of birth	

to handle my visa application at the provider "Intergate Visalink", to make additions and changes to the application form, to submit the application and other statements relating to the application and sign it.

\* Note:

1. There are no corrections to the power of attorney allowed. The power of attorney must be submitted in original.
2. Minors are not allowed to submit applications on behalf of other persons.
3. Should the application for a minor to be submitted by an authorized representative, the authority of at least one parent must be sign. The application form must be signed by both custodial parents.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME