

AUTHORISATION / POWER OF ATTORNEY

I, (applicant's name)

Surname, First Name (s)	
Passport number	
Date of birth	

Hereby authorize (representative's name)

Surname, First Name (s)	
Passport number / ID number	
Date of birth	

- To ensure the Visa application process at INTERGATE VISALINK.
- To add or request documentation needed for the Visa application.
- To collect the Visa when ready for collection.

Please note that signing or tampering with the original documentation is seen as forging a document.

***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 minor be submitted by and authorized representative. The authority of at least one parent must sign. The application form must be signed by both custodial parents.
4. Please include a copy of identification (ID/Passport/Drivers License) of the person who is authorized to submit/fetch you Visa.

DATE

NAME