Consular Section Date:

High Commission of the Republic of Cyprus

D-64, Malcha Marg,

Chanakyapuri

New Delhi -110021

Dear Sir,

**Subject: Authorization Letter**

I the undersigned, authorize Mr/Ms………………………………………………………………………………………………………….

With ID/ Passport No.……………………………………………………., to submit and/or receive on my behalf any letter, application, passport, ID or any other official document and to process any necessary actions resulting from the above, in connection with the competencies of the High Commission of the Republic of Cyprus in New Delhi. It is noted that this authorization is valid for 3 months, unless it is revoked/replaced by me earlier.

A copy of the ID of the authorized person is attached herewith, the original of which will be presented by the authorized person at the time of submission and collection of documents.

Name of applicant: ………………………………………………………………………………….

Passport No/ID Number:

Signature of applicant:

Contact details of applicant:

Date:

This document along with its attachment can be faxed (+91 11 26111160) to the High Commission or emailed (delhi.consulate@mfa.gov.cy) as well.