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| **Authority Letter**  Collect Passport on My Behalf |

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| To[Receiver Name][Receiver Title][Addess][Email] |
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| From[Sender Name][Sender Title][Addess][Email] |

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| **Subject:** Authorization Letter to Collect Passport on My BehalfDear [Recipient's Name],I hope this letter finds you well. I am writing to inform you that I am currently undergoing medical treatment and am unable to personally collect my passport from [Passport Issuing Authority's Name] at [Passport Issuing Authority's Address]. Due to the circumstances, I hereby authorize [Authorized Person's Name] to collect my passport on my behalf.**The following details are provided for your reference:*** My Name: [Your Full Name]
* My Passport Number: [Your Passport Number]
* Date of Birth: [Your Date of Birth]
* Date of Passport Application: [Date of Passport Application Submission]
* Tracking Number (if available): [Passport Application Tracking Number]

I declare that I have granted [Authorized Person's Name] full permission to collect my passport and undertake any necessary actions related to this matter. [Authorized Person's Name] will present appropriate identification and this authorization letter to validate their identity.I kindly request your cooperation in assisting [Authorized Person's Name] during this process. Please ensure that all required documents are handed over to them, and I trust that they will complete the necessary formalities diligently.If there are any further documents or forms required, please do not hesitate to contact me via phone at [Your Phone Number] or via email at [Your Email Address].I appreciate your understanding and assistance in this matter. Your support during my medical treatment is greatly valued.Thank you for your prompt attention to this matter.Sincerely,[Your Full Name][Your Signature if sending a physical copy] |

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