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| |  | | --- | | **Authority Letter**  Collect Passport on My Behalf |  |  | | --- | | To  [Receiver Name]  [Receiver Title]  [Addess]  [Email] | |  | | From  [Sender Name]  [Sender Title]  [Addess]  [Email] | | |  | | --- | |  | |  | | **Subject:** Authorization Letter to Collect Passport on My Behalf  Dear [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] | |