**Authorization**

(Please fill out the form electronically.)

I, the undersigned

**Name:................................................................................................................................**

Mother’s name:................................................................................................................

Address:.............................................................................................................................

ID number:........................................................................................................................

**nominate**

..............................................................................................................................................

Mother’s name:...................................................................................................................

Address:...............................................................................................................................

ID number:..........................................................................................................................

**to act on my behalf in the following case .......................................................................................................................................................**

**..............................................................................................................................................................................................................................................................................................................**

**The authorization is valid unless otherwise determined. It applies exclusively to the case above.**

**Date: ........................(place), .........(day).......................(month)..............year**

............................................ .............................................

nominee authorizer

**Witness 1: Witness 2:**

**.............................................. ........................................................**

**(name in block capitals) (name in block capitals)**

................................................... ...................................................

(signature) (signature)

................................................... ..............................................

(address) (address)

 approved by

 ......................................................