

## **SAMPLE AUTHORITY LETTER**

I \_\_\_\_\_ S/D/O \_\_\_\_\_ bearing CNIC # \_\_\_\_\_  
(Your Name) (Father Name)

authorize Mr/Ms \_\_\_\_\_ S/D/O \_\_\_\_\_  
(Name of authorized person) (Father Name of authorized person)

bearing CNIC# \_\_\_\_\_ to receive my \_\_\_\_\_ on my behalf.  
(document type)

I accept the responsibility of the consequences (if any) in this regard.

Sincerely yours,

Signatures (same as that on the CNIC)

Full Name

Reg. No.

Cell No.

Please attach following documents:

1. Copy of valid CNIC of the Authorizer
2. Copy of valid CNIC of the Authorized person

**Note:** The authorized person must present his/her original CNIC (must be valid) in order to receive the document