

Authorization Letter for Calming Documents

Date:

To whom it may concern:

I,(full Name) ----- with ID No.----- and
CPR No.----- authorizes ----- with
CPR No. -----to claim the document/s I have requested.

He/She is allowed to receive the document/s and sign on my behalf. I am attesting
his/her signature for your record.

Name of Authorized Representative: -----

Signature of Authorized Representative: -----

Signature of the Applicant -----

Truly yours,

Name and Signature