

## **Letter of Agency**

If you wish to authorize an individual to act on your behalf in processing your application, you must include this **signed letter** appointing the agent.

Date:	
Institution or non-profit organization: Contact name: Address:	
Phone:	
To Whom It May Concern:	
I hereby authorize	
Name of Agent:	
Address of Agent:	
Phone:	
to submit and handle the accompanying application profit organization	າ on behalf of the institution or non-
for the term (please select)	
from to	
until issuance of document.	
until disallowance of application.	
Signature:	