**AUTORIZATION FORM**

Mr./Ms.       ID Number

ADDRESS

PC       CITY       PROVINCE

TELEPHONE       E-MAIL

**AUTORIZE:**

Mr./Ms.       ID Number

to

IN      , TO Haga clic aquí para escribir una fecha..

|  |  |
| --- | --- |
| SIGNATURE OF THE PERSON AUTHORIZING | SIGNATURE OF THE AUTHORIZED PERSON  |
|  |  |
|       |       |

***Include photocopy of Authorizing and the Authorized person***