Date:	



AUTHORIZATION LETTER

Name (of the person authorizing):	
Surname:	
Address:	
Phone number:	
E-mail address:	
to collect my/ our passport(s) from the Visa	Application Center for Greece on my/ our behalf. By open the passport return envelope(s) containing EXCLUSIVELY by me/ us/ the Applicant(s).
My/ Our passport(s) details are as follows:	
Name in Passport	Passport Number
signatures are attested hereunder: Authorized by:	
(Name) Authorized Persons' Name:	(Signature)
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<u>Note:</u> By signing this authorization letter, you discharge the Visa Application Center for Greece Team of any responsibilities once the passports have been delivered and are in the possession of the person authorized to act on your behalf.

<u>Note:</u> This Authorization Letter for passport collection does not apply in case of a refusal notification.