

Schützenstrasse 14 Berlin, D-10117 info@visahq.de, +49 (30) 72621575

Letter of Authorization

I hereby authorize the individuals / company mentioned below to act on my behalf when submitting visa applications and receiving information and documents pertinent to visa applications from embassies, consulates and visa centers.

Applicant Information

(Note: All of the information below ONLY be filled out by applicant, parent, legal guardian or person legally acting in loco parentis)

Applicant name:(last name, First na	me, Middle name)
Applicant Phone No.:	Date:
Authorized Individuals / Company: <u>An</u>	<u>drada David, Bernal Monge, Florian Hieke / Vi</u> saHQ UG
	eant is a minor, the parent(s), legal guardian(s) gally acting in loco parentis must sign)