

Authorization for Document Signature

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], holder of identification number [Your ID Number], hereby authorize [Authorized Person's Name], holder of identification number [Authorized Person's ID Number], to sign documents on my behalf regarding [specific purpose or documents].

This authorization is valid from [Start Date] to [End Date].

Should you require any further information or confirmation, please feel free to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Email Address]