

AUTHORITY LETTER
(For Document Collection)

I _____ S/D/O _____ bearing CNIC # _____
(Your Name) (Father Name)

authorize Mr/Ms _____ S/D/O _____
(Name of authorized person) (Father Name of authorized person)

bearing CNIC# _____ to receive my _____ on my behalf.
(document type)

I accept the responsibility of the consequences (if any) in this regard.

Sincerely yours,

Signatures (same as that on the CNIC)

Full Name: _____

Reg. No. _____

Cell No. _____

Please attach following documents:

1. Copy of valid CNIC of the Authorizer
2. Copy of valid CNIC of the Authorized person

Note:

- i. The authorized person must present his/her original CNIC (must be valid) in order to receive the document.
- ii. For DMC/transcript and other documents (except the degree) may be printed on plain paper.
- iii. For degree it must be printed/provided on affidavit/stamp paper.