## **AUTHORIZATION LETTER**

		Date	
Dear Sir/Madam,			
1,			, single/married, with
(First Name)	(Middle Name)	(Family Nam	e)
residence/address at			
and who is presently	an Overseas		ker/Seafarer based in ntry), do hereby authorized (name of authorized
representative), my representative), of lega	l age, single/n	(relation narried, and	ship with authorized
of authorized representative signed by me, to sign and r Assistance Program and to re	eceive the Disclosu	ure Statement	sistance Application duly
	10	SIGNATURE	OVER PRINTED NAME
			Member
	S	SS No.	