

|                            |  |
|----------------------------|--|
| Name of certificate holder |  |
| NIC / Passport number      |  |
| Name/s of qualifications   |  |
| Awarding body              |  |

*I hereby authorise the following person to submit/collect my original documents and verified copies on my behalf.*

|                                    |  |
|------------------------------------|--|
| Full name                          |  |
| NIC /Passport number               |  |
| Relationship to certificate holder |  |

\_\_\_\_\_  
Certificate Holder's Signature & Date

\_\_\_\_\_  
Authorised Person's Signature

| For office Use Only                         |  |      |                          |
|---|--|------|--------------------------|
| Identification Checked ( Authorised Person) |  |      | <input type="checkbox"/> |
| Checked by                                  |  | Date |                          |