

# AUTHORIZATION LETTER

**Date:** \_\_\_\_\_

To Whom It May Concern,

I, [Your Name], authorize [Name of Representative] to [Purpose of Authorization].

This authorization is effective from [Start Date] to [End Date] unless otherwise revoked or modified in writing.

During the authorized period, [Name of Representative] is empowered to take necessary actions within the defined scope of authority. They are authorized to [Scope of Authorization].

Thank you for your attention to this matter. In case you have any queries, do not hesitate to reach out at [Your Contact Number/Email].

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