

[Your full name] · [Address] · [Phone] · [Email]

[Date]

To: [Organisation / office, address]

General authorisation

I, [your full name], date of birth [date], ID number [number], authorise [authorised person's full name], ID number [number], to act on my behalf in the following matter: [describe task].

This authorisation is valid from [start date] to [end date].

Copies of my ID and the authorised person's ID are attached. Please contact me at [phone/email] if you need to confirm this authorisation.

Signature

Printed name

Date

Template only. Check the organisation's requirements; some require their own form or a power of attorney.