

# **FORM OF AUTHORITY**

To

The Consular Officer  
Embassy of India  
140 Hayarkon Street  
**Tel Aviv, ISRAEL**

## **Sub : Authority to Submit / Collect Passport / Document**

I, ..... (name) , holder of Passport / Identity Card  
No....., hereby authorize  
Mr./Ms....., holder of Passport/Identity Card  
No..... , to submit / collect my passport / documents / application on my  
behalf.

Signature	
Name of the Applicant	
Passport No. of the Applicant	
Mobile Number of the applicant	
Date	

Signature of the person authorised	
Name of the person authorised	
Passport / ID No. of the person authorized	
Mobile number of the person authorised	
Date	

- *Strike out whichever is not applicable*