Letter of Authorization

Date : _____

Applicant:

Full Name :

Passport Number :

NIC Number :

Address :

Contact Number :

The applicant named above authorizes hereby the person mentioned below to

☐ **collect a visa** on behalf of the applicant.

(*Check the action you want to authorize)

Authorized person:

Full Name :

Passport Number :

NIC Number :

Address :

Contact Number :

Period of Authorization:

☐ Until revoked.

☐ From _____ To _____

Confirmed by:

(Name of Applicant) _____

(Signature of Applicant) _____

Consular Section Officer

Embassy of the Republic of Korea in Sri Lanka

98 Dharmapala Mawatha

Colombo 7, Sri Lanka