## **AUTHORIZATION LETTER**

	Date :		
Dear Sir/Madam,			
l,			_, single/married, with
(First Name)	(Middle Name)	(Family Name)	
residence/address at			
and who is presently			
		married, and	
of authorized representative) signed by me, to sign and reassistance Program and to reassistance	ceive the Disclo	sure Statement und	
			ER PRINTED NAME
		SS No	
OLOMATURE OVER DOWN			
SIGNATURE OVER PRINT Authorized Representa			Date Signed by the orized Representative

Attachments: Printed scanned copies of valid identification (ID) cards/documents of the OFW/Seafarer member and present original copies of valid ID cards/documents of the authorized representative. (refer to List of Filer's Valid Identification (ID) Cards/Documents at the back of the CLA application form)