주한 스리랑카 대사관 스리랑카 민주사회주의 공화국



EMBASSY OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Letter of Authorization

Date		
Applicant	Full Name	
	Passport / ID Number	
	Address	
	Contact Number	
The applicant named above authorizes hereby the person mentioned below to Apply for visa / collect a visa on behalf of the applicant.		
Authorized person	Full Name	
	Passport / ID Number	
	Address	
	Contact Number	
Confirmed by	Name of Applicant	
	Signature of Application	

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