

Letter of Attorney

Date: _____

Applicant

(who wish to get the certificate or coupon)

Address : _____

Name : _____

Phone Number : _____

I hereby authorize the below mentioned as my attorney in regard to the application and / or receipt of certificate or Vaccination Coupon of COVID-19.

Attorney (visitor)

Address : _____

Name : _____

The applicant must fill out this form in person.