AUTHORIZATION LETTER

Date:
To Whom It May Concern,
I,authorize NAME OF APPLICANT
NAME OF APPLICANT
to act on my
NAME OF REPRESENTATIVE behalf relating to my application for a Sandiganbayan Clearance, including
he signing of all documents required to obtain such clearance.
Attached to this letter is a copy of my and my representative's
government-issued ID.
Signature of Applicant Over Printed Name
ID No: