Collect 1

Authorization of a third party

By completing and signing this document, you give permission to a third party to act on your behalf in your affairs.

My details:

First name*:

Middle name(s):

Last name*:

Address*:

City*:

Postal code*:

Date of birth*:

Phone number*:

Email address*:

I hereby give permission to the person below:

First name*:

Last name*:

Initials*:

Date of birth*:

Phone number*:

Email address*:

We will not process your request without your signature.

Signature: Date:

.....

You can scan the form and upload it via our website or send it to:

Collect 1, Koninginnegracht 14c, 2514 AA The Hague.

Note: do not forget to add a stamp.