LETTER OF ATTORNEY

		/	/	(dd/mm/yyyy)
To the Chief of	Police St	tation_		
	()	Authori	zer)	
	A	Address	;	
Full Name				
	r -	Telepho	ne#	
I hereby appoint the delegate to him/her the aut The authority to claim lost p	hority to per	rform th	ne follo	owing matters:
(Report Number)		
	((Agent)		
		Addre	ess	
		Name)	
Please sign your nam	e by hand	in the	spac	e provided for the

authorizer. If you are unable to sign, please affix your personal seal

instead (note: pre-inked stamps are not acceptable).

Note:

- 1. As a general rule, the item should be collected by the person concerned. If it is absolutely unavoidable to delegate someone else to collect it on behalf of you, please inform us in advance.
- 2. The letter of attorney must be entirely completed by the delegator. Even if the document is prepared using a computer or similar device, the delegator's name must be signed by hand. If you are unable to sign, please affix your personal seal instead (note: pre-inked stamps are not acceptable).
- 3. Please fill in the <u>underlined section</u> after confirming the name of the police station where the lost item is being held and the corresponding report number assigned by that station.
- 4. Please note that we may contact the delegator directly by phone to verify the information. Kindly provide a phone number that is reachable during the day.