



# SHINAWATRA UNIVERSITY

## Authorization Form

Form: RE017  
Revision: 01  
Date: 23/06/2004

Written at \_\_\_\_\_

Date \_\_\_\_\_

I, Mr./Mrs./Miss \_\_\_\_\_  
hereby authorize and appoint Mr./ Mrs./ Miss \_\_\_\_\_  
presently living at House No \_\_\_\_\_ Road \_\_\_\_\_  
Sub-District \_\_\_\_\_ District \_\_\_\_\_  
Province \_\_\_\_\_ Tel \_\_\_\_\_  
to be act as my representative for the purpose of \_\_\_\_\_

He/she may sign any documents on behalf of myself including changing words on the related documents.

What has been done by Mr./Mrs./Miss \_\_\_\_\_  
will remain in full force and effect as it had been done by myself.

Signed \_\_\_\_\_ Grantor  
( \_\_\_\_\_ )

Signed \_\_\_\_\_ Grantee  
( \_\_\_\_\_ )

Signed \_\_\_\_\_ Witness  
( \_\_\_\_\_ )

**Remark:** Copies of citizen ID and passport of grantor and grantee are required.