

**DELEGATION FORM FOR CERTIFICATES AND INFORMATION
REQUEST**

The Undersigned _____
(First name and Family name)

born in _____ **Country** _____

on _____ / _____ / _____

delegates

Mr./ Mrs. _____
(First name and Family name)

born in _____ **Country** _____

on _____ / _____ / _____

- to apply**
- to collect the certificate even if it is positive**

Below, provide the ID data of delegated person:

Type (Passport/ID Card) **Number**.....

Issued by **on**...../...../.....

Attach a (not authenticated) copy of ID document of the delegator

(date)

(Signature)