

APPLICATION FORM

Document Collection Authorisation

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1. Your Details

Full Name

Surname

SA ID Number / Passport Number

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Email Address

2. Document to Be Collected

Office / Department (tick all that apply)

☐ Home Affairs ☐ SAPS ☐ RTMC ☐ DIRCO☐ High Court ☐ SAQA ☐ Umalusi ☐ HPCSA ☐ Embassy / Consulate ☐ Other

If Other, please specify office/department

Description of Document(s) & Any Reference / Case Number

3. Delivery

Courier method

☐ Local (South Africa) ☐ International

Delivery Address

Declaration

I, the undersigned, hereby authorise VeriDoc Pro (and its nominated representative) to collect the document(s) described above on my behalf from the relevant office or department named. I confirm that I am the rightful owner of, or otherwise legally entitled to collect, these document(s), and I release VeriDoc Pro from liability for any delay caused by the issuing office itself. I understand that some offices may require a separate formal Power of Attorney in addition to this authorisation, and that VeriDoc Pro will advise me if this applies to my case. I understand that VeriDoc Pro is an independent facilitation service and is not affiliated with any government department.

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Full Name (print)

Date

Signature (type full name to sign)