



## Declaration of Third Party Authorization to Act on Behalf of Applicant

I, Vihar Muneshchandra Prajapati

First and Last Name

Student Number

628, Prajapati Nivas, Kasor, Anand

Address

9327307797

Phone Number

viharp2002@gmail.com

E-mail

2002/06/11

Date of Birth (YYYY / MM / DD)

hereby authorize the following person, agent or agency

Upesh Savla

First and Last Name

Agent

Relation to Applicant

Upesh Savla

LEAP GEEBEE EDTECH PRIVATE LIMITED

Agency Name (if applicable)

**11 Collyer Quay #17-00 The Arcade Singapore – 049317**

Address

+912243222333

Phone Number

canada.geebie@gmail.com

E-mail

to act on my behalf in all matters concerning my application for admission to the University of Regina. I consent to the disclosure of all information concerning or relating to my application to the person, agent or agency named above.

V. m. Prajapati

Signature

12/12/2023

Date